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CITY OF EXETER

SCHOOL HEALTH SERVICE

ANNUAL REPORT 1971

CITY AND COUNTY OF THE CITY OF EXETER

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1971

G. P. McLAUCHLAN, M.B., CH.B., (EDIN.), D.P.H., D.C.H., M.F.C.M.
PRINCIPAL SCHOOL MEDICAL OFFICER

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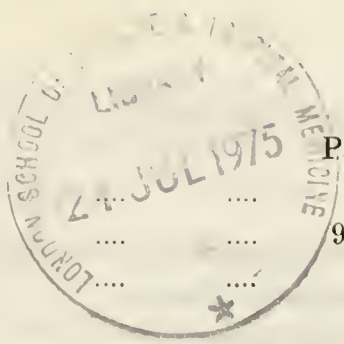

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School Health Department,
1a, Southernhay West,
Exeter.

March, 1972.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I am glad to be able to report a continued good state of health and in the large majority of cases, a high standard of care of the school children of Exeter. I am pleased to be able to record the interest shown by parents in their children's health with 98% attending at the examination at school entry and an increase to 70% attending at the 13 to 14 year old examinations.

The incidence of infectious diseases in schools continues to be small and presents few problems. With increased knowledge of the spread of infection, it has been possible to modify the periods of exclusion of cases in certain diseases and to reduce or even stop the need for exclusion of contacts. The incidence of measles in schools continued to be very low, almost certainly the result of measles vaccination.

Future of School Health Services

With the reorganisation of local government and the setting up of a unified health service on 1st April, 1974, the future of the school health service is still in doubt. Since the service was started in 1908, it has shown itself to be an important factor in the improvement of the health and welfare of school children, leading in turn to a healthier adult population. There have been many changes since its inception and the service has shown itself able to adapt to changing needs. It is essential that the service is staffed by medical officers who not only are medically experienced, but have a special knowledge of education needs and methods. They must work closely with the head teacher and the staff and it is only by this close association with the schools that they can provide an effective service. It will be a great pity if this service, with its particular expertise, is broken up because of administration convenience. It is unrealistic to see us surviving as a separate service in its present form : it must be part of a unified health service. Some have suggested that it should be run by general practitioners or by hospital paediatricians, but both these lack the expert knowledge of the relationship of medical and educational needs, and I feel, would lack the interest and willingness to work as part of school staff. The service could and probably should be part of a unified child health service, looking after the health and wellbeing of children from birth to leaving school, but the close association with the educational system and individual schools must be

continued if the service is to maintain its high standards, and a community physician must be available to advise the Education Committee on matters concerned with the health of school children.

HANDICAPPED CHILDREN

An important task of the school health service is the identification, assessment and the placement in an education situation suitable for their abilities of handicapped children. It is essential that these children are identified at as early an age as possible. The new child health service that the Health Committee now provides is geared to ensure that each child's development is regularly assessed and this should enable us to know of handicapped children at an early stage. The Education Committee is responsible for the educational treatment of handicapped children from the age of two years.

One must be careful in these children not to focus all one's attention on the child's disability, but also to assess his potential ability. This assessment must be done by a multi-disciplinary group if it is to be reliable and that the action taken is the best for the child's potential being developed to the full from an early stage so that they do not start school educationally handicapped as well as physically or mentally handicapped.

Children with a handicap often do not develop their full potential because their disability restricts their activities, preventing them mixing and playing with other children, but some children without any handicap do not get the opportunity to develop fully because of poor home conditions, they are not talked to or read to, they do not have the opportunity to listen to intelligent conversation, their play may be restricted and other social factors may restrict their development. These children are more difficult to identify than the handicapped ones, but are at as great risk and at school age are not ready to start school and unable to derive full benefit from the teaching. These children, if not given special stimulation, are liable to end up either a school failure or requiring special schooling. There is an urgent need for nursery education for these and other handicapped children from at least the age of four years. Experience in the special class at Beacon Heath School for educationally "at risk" children has shown that at least two of the children, who one would have expected to have to go to special school have, in fact, been transferred to an ordinary school and are holding their own there. The provision of more special classes could be confidently expected to be not only to the interests of the child but economically sound.

ELLEN TINKHAM SCHOOL

This training centre was transferred from the Health Committee and became a special school under the Education Committee on 1st April, 1971. The transfer was carried out without any difficulties and the school health service

provides for the medical care of the children. Many of the children have multiple handicaps as well as their mental handicap and one of our speech therapists and two physiotherapists spend several sessions each week at the school.

The need for an early start at school in order to develop the child's potential to the full, has long been realised in the mentally handicapped and children start from the age of 2 years at this school.

VISION SCREENING

All children have their vision tested at school entry and at regular intervals during their school life. A school eye clinic is held in the Eye Infirmary to which children needing refractions done are referred. There has, however, been a build up of children at this clinic either for initial examination or for retesting. A " Mavis " eye screener was bought for the occupational health service and it has been found useful to screen children with doubtful defects on this, rather than refer them directly to the Eye Infirmary. In this way, it has been possible to reduce the waiting list. After discussion with the ophthalmic consultants, it was agreed that many children could be referred after the first examination to private opticians and this also has led to a reduction in the waiting list.

STAFF

During the year, Dr. Dorothy Cullen took up the duties of Deputy Principal School Medical Officer, and has proved a welcome addition to the staff. We were sorry to lose Dr. Elizabeth Ryan, who left to take up a more senior post in Londonderry. During the year we were still not fully staffed but were fortunate in having the help of locums enabling us to maintain progress in the work of the department. Unfortunately, locums are employed only on a sessional basis and are not able to provide full medical cover for their schools. The head teachers have been very tolerant of this, but I am glad to say that a full-time medical officer will take up duty early in the New Year.

ACKNOWLEDGMENTS

I would like to convey my thanks to the Director of Education and to the Members of the Education Committee for the help and support they have continued to give me. I cannot let this report be published without again extending my thanks to all the Head Teachers and their staffs for the help and co-operation they so willingly gave to me and my staff during the year.

Yours truly,

G. P. McLAUGHLAN,

Principal School Medical Officer.

EXETER EDUCATION COMMITTEE

(as constituted on 31st December, 1971)

The R.W. The Mayor
(Councillor H. S. SARGENT)

Alderman W. G. DAW
(*Chairman*)

Councillor M. J. H. COOKE
(*Deputy Chairman*)

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Alderman W. Hunt
Alderman Mrs. M. Nichols, B.SC.
Alderman P. A. Spoerer
Councillor R. J. Keast, LL.B.
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Councillor Mrs. I. West

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Mr. F. J. Francis
Mr. A. J. Harris
Mr. S. T. Knowles, B.A.
Prof. W. E. Minchinton.
Miss F. K. Morford, B.A.

J. L. HOWARD, M.SC., A.R.I.C., *Director of Education*

G. P. MCLAUCHLAN, M.B., CH.B., D.P.H., D.C.H., M.F.C.M.
Principal School Medical Officer

STAFF OF THE SCHOOL HEALTH DEPARTMENT

Principal Sch. Med. Officer & Medical Officer of Health	GEORGE P. MCLAUCHLAN, M.B., CH.B. (EDIN.), D.P.H., D.C.H., M.F.C.M.
Dep. Principal Sch. Medical Officer & Dep. Med. Officer of Health.	DOROTHY CULLEN, M.B., B.S. (LOND.), L.R.C.P., M.R.C.S., D.P.H., M.F.C.M. (Appointed 1.3.71).
Senior Medical Officers	ELIZABETH L. RYAN, B.A., M.B., B.CH., B.A.O. (DUBLIN), L.M., D.P.H. (Resigned 31.1.71). Mary Allen, M.B., CH.B., B.A.O. (BELFAST), D.OBST.R.C.O.G., D.P.H., M.F.C.M. CHRISTOPHER P. HALLETT, M.B., CH.B. (BRISTOL), D.P.H., M.F.C.M.
School Medical Officer & Departmental Medical Officer.	GERALD F. C. HAWKINS, B.A., B.M., B.CH. (OXON.), M.R.C.S., L.R.C.P. One Vacancy.
Principal Dental Officer	ALVIN PRYOR, L.D.S., R.C.S. (ENG.).
Dental Officers	ROBERT B. MYCOCK, L.D.S. (BRIS.). TALBOT N. PRAAT, L.D.S., R.C.S. (ENG.). RICHARD W. SLEE, B.D.S. (LOND.), L.D.S. (Resigned 31.5.71). WALTER A. STEINER, B.D.S. (LOND.). (Appointed 2.8.71).
Child Guidance Centre :	
Medical Director and Consultant in Child Psychiatry	*CHRISTOPHER J. WARDLE, M.D. (LOND.), D.P.M. (Part-time).
Consultant in Child Psychiatry	*PAUL M. JACKSON, M.B., B.CH., D.P.M. (Part-time).
Educational Psychologist	MRS. M. F. WHINNOM, B.SC. (SPEC. HONS.) (LOND.). (Full-time from 1.6.71).
Psychiatric Social Workers	MRS. M. V. JENKIN, B.A. (HONS.) (LOND.), A.A.P.S.W. MRS. M. BRANCH, B.SC. (HONS. ECON.) (LOND.), A.A.P.S.W. (Part-time).
Senior Speech Therapist	MISS C. A. NEWLOVE, L.C.S.T.
Speech Therapist	MISS R. MORGAN, L.C.S.T. (Appointed 6.9.71).
Speech Therapists .... **(Part-time)**	MRS. M. PEEL, L.C.S.T. MRS. M. A. REES, L.C.S.T. MRS. P. LEEDING, L.C.S.T. MRS. H. J. CURLE, L.C.S.T.
Chief Nursing Officer	MISS P. WHITE, S.R.N., S.C.M., Q.N., M.T.D.
Principal Nursing Officer (H/Vs)	MRS. K. DUNHAM, S.R.N., S.C.M. (Pt. I), H.V. CERT.
Group Adviser (H/V)	†MISS Y. CASELLI, R.F.C.
Senior Health Visitor	‡MISS G. M. BASTOW. (From 1.9.71).
School Nurses .... **(Also Health Visitors)**	‡MISS L. M. BARRETT ‡MISS G. M. BASTOW. (To 31.8.71). †MRS. S. BARRACLOUGH, Q.N. ‡MRS. D. P. BENNETT. †MISS B. A. BOND

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* Regional Hospital Board appointment.

† S.R.N., S.C.M., H.V. Cert. ‡ S.R.N., S.C.M. (Part 1), H.V. Cert.

School Nurses (Also Health Visitors) (cont.)	†Mrs. J. M. Booth †Miss B. A. Brazil (Part-time). ‡Miss H. C. K. Chapman †Miss M. J. Cook †Miss N. Flynn, r.s.c.m., q.n. (Resigned 30.4.71). †Miss M. McCann, q.n. †Miss C. M. Murray, r.g.n. †Miss V. H. Pope, b.ed. †Miss A. E. Radcliffe. (Resigned 31.7.71). ‡Miss J. A. Ridley. (Resigned 14.11.71). ‡Miss I. E. M. Robinson. (Student H/V.). †Miss H. M. Shewan †Miss A. V. Street †Mrs. E. Veale †Miss L. E. Wathen. (Retired 13.4.71). †Miss J. Wallis, b.t.a. Cert., q.i.d.n.
School Nurses (Temporary) (Part-time)	Mrs. K. A. Atkins, s.r.n. Mrs. D. M. Wakely, s.r.n.
Clinic Nurses (Temporary) (Part-time)	Mrs. V. M. M. Brice, s.r.n. Mrs. T. S. Tiller, s.r.n. Mrs. A. Duguid, s.r.n.
Audiometricians (Part-time)	Mrs. M. B. Chubb, s.e.n. Mrs. P. E. D. Roberts, s.r.n.
Physiotherapists (Part-time)	Mrs. D. Woodman, m.c.s.p. Mrs. P. A. Irwin, m.c.s.p. Mrs. P. W. Bird, m.c.s.p.
Dental Surgery Assistants	Miss P. M. Bolt Mrs. Y. Eastlick Miss D. G. Freeman Mrs. J. I. Price. (Resigned 31.8.71). Mrs. M. Sanders. (Appointed 6.9.71).
Administrative Assistant	Mr. W. H. Stamp
Clerks	Mrs. L. Lee. (Resigned 28.2.71). Mrs. S. A. Hooper Miss P. Gallen. (Resigned 11.9.71). Miss D. P. Rowe Miss S. R. Mayne. (Appointed 22.3.71). Miss S. C. Waters Miss J. Shearsby. (Appointed 13.9.71). Mrs. J. M. Cann (School Dental Service). Mrs. H. A. Page (Part-time). Appointed 1.4.71). Miss M. A. Fenwick (Child Guidance Clinic). Mrs. G. Wykes (Child Guidance Clinic). (Part-time). Mrs. D. L. Walrond. (Audiology—Speech Therapy). (Part-time).

† S.R.N., S.C.M., H.V. Cert. ‡ S.R.N., S.C.M. (Part 1), H.V. Cert.

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1971) 93,800

Population (city) over 5 and under 15 years (Mid-Year 1970) (Registrar-General's estimate) 13,200

Population of Maintained Schools in January 1972 14,146

Number of Maintained Schools 42

Pupils			Schools	
Boys	Girls	Total	Department	Number
26	19	45	Nursery	1
1,738	1,693	3,431	Infant	20
2,659	2,537	5,196	Junior	19
1,844	1,639	3,483	Secondary Modern	7
977	762	1,739	Secondary Grammar....	2
6	2	8	Hospital Special School	1
132	112	244	Day Special School	2
7,382	6,764	14,146	Total	52

The total number of children on roll shows a small increase of 198 compared with 1970. Exwick Junior Mixed & Infants' School closed at the end of the Summer term, July, 1971, and the new Foxhayes Junior Mixed & Infants' School opened in September, 1971. Ellen Tinkham School for severely subnormal children became the responsibility of the Education Committee from 1st April, 1971.

MEDICAL CARE

MEDICAL EXAMINATIONS

In a total maintained school population of 14,146 the periodic medical examinations numbered 2,513 (i.e. 1,421 entrants and 1,092 13/14-year-olds) and " other medical examinations " 3,086. No children were classified as " unsatisfactory " because of their general physical condition. Parents were present at 2,177 (86%) of the periodic examinations (see table). They are usually invited to be present at re-examinations and special examinations, but their attendances at these are not recorded. 197 children (i.e. approx. 1 in 13 of those examined at the periodic examination) were found to require treatment for some defect other than dental disease or verminous conditions.

Ear, Nose and Throat Conditions

Discharging ear was noted for the first time during the doctor's examination in 4 children (2 boys; 2 girls) of the 2,513 children examined at periodic medical examinations ; in addition 2 were noted in 2,260 re-examinations.

18 children (11 from periodic and 7 from special examinations) were referred for treatment of other nose and throat " defects ", whilst a further 219 children were kept under observation for similar reasons.

PARENTS' ATTENDANCES AT COMPLETE PERIODIC EXAMINATIONS

Age Group	No. of children examined	No. of parents present	Percentage 1971	Percentage 1970
5 year olds	1,421	1,401	98%	98%
13/14 year olds	1,092	776	70%	53%
Total	2,513	2,177	86%	82%

MEDICAL EXAMINATIONS 1971

Statistics

Total Number of Children Examined

Year :	1966	1967	1968	1969	1970	1971
Special Examinations	1,232	1,212	1,130	1,171	912	885
Re-Examinations	3,843	4,062	3,245	2,313	2,264	2,260
	5,075	5,274	4,375	3,484	3,176	3,145
Periodic Medical Examinations ...	1,823	1,848	1,862	2,236	1,972	2,513
Total	6,898	7,122	6,237	5,720	5,448	5,658

A re-examination is an examination arising out of one of the periodic medical examinations or out of a special examination. A special examination is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person; the term includes also employment examinations and "inward transfers".

Number of Children Referred to Hospital

	1964	1965	1966	1967	1968	1969	1970	1971
Ear, Nose and Throat cases	86	56	51	30	114	121	74	77
Other cases	73	87	51	39	79	75	73	82
TOTAL	159	143	102	69	193	196	147	159

Of the 82 "other cases" referred in 1971 to hospital consultants, 21 were for orthopaedic conditions.

Special Selective Examinations

(a) **Complete Medical Examinations** were carried out on 767 children (395 of primary school age and 372 of secondary school age); 398 were children recently transferred into the city.

DEFECTS FOUND.

REFERENCE FOR TREATMENT OF DEFECTS OF:

Skin	14	Orthopaedic, feet	3
Vision	82	Orthopaedic, other	1
Squint	6	Nervous system—	
Eyes other	1	Epilepsy	1
Hearing	14	Other	1
Otitis	1	Educational and Psychological Development	33
Ears, other	1	Stability	11
Nose and Throat	4	Bowel control	1
Heart and Circulation	1	Abdomen	3
Developmental—		Other	2
Hernia	1		
Other	7		
Lungs	2	TOTAL	206
Speech	16		

KEPT UNDER OBSERVATION FOR DEFECTS OF:

Skin	17	Developmental—	
Vision	45	Hernia	1
Squint	8	Other	12
Other	4	Orthopaedic, posture	21
Hearing	20	Orthopaedic, feet	30
Otitis....	12	Orthopaedic, other	14
Nose or throat	35	Psychological stability	27
Speech	6	Psychological development	18
Lymphatic glands	3	Abdomen	5
Heart and circulation	9	Bladder control	11
Lungs	14	Other	4
Nervous system—			
Epilepsy	3	TOTAL	322
Other	3		

(b) Special Examinations (not complete), i.e. not involving, for example, cardio-vascular system, or respiratory system, etc.

118 children were medically examined in school by special request of school doctors (65), of head teachers (40) and of parents (13); of these, 49 required treatment and 43 were referred for observation; 26 required no action.

DEFECTS FOUND.

REFERRED FOR TREATMENT FOR DEFECT OF:

Vision	9	Orthopaedic, feet	1
Hearing	18	Psychological development	7
Other	1	Psychological stability	2
Nose or Throat	3	Bowel control	1
Speech	4		
Developmental, other	3	Total	49

KEPT UNDER OBSERVATION FOR DEFECT OF:

Skin	3	Nervous system, epilepsy	1
Hearing	6	Nervous system, other	2
Ears, other	1	Psychological development	7
Nose or Throat	3	Psychological stability	3
Heart and Circulation	1	Abdomen	1
Lungs	1	Bowel control	2
Developmental, other	3	General condition	5
Orthopaedic, posture	1		
Orthopaedic, feet	1		
Orthopaedic, other	2	TOTAL	43

MEDICAL QUESTIONNAIRES

The use of medical questionnaires and subsequent selection of those to be examined in place of the "13 year-old periodic medical examination" was continued at Hele's (boys' grammar) School and for the "14 year-olds" at Bishop Blackall (girls' grammar) School.

There were 132 boys at Hele's School in this 13 year-old group and 119 girls at Bishop Blackall School in the 14 year-old group; as previously, the medical questionnaires were distributed to the parents through the co-operation of the head teachers and their staff; 129 were returned from Hele's and 104 were returned from Bishop Blackall (7 of the girls had left the school).

The information given showed that 15 boys and 14 girls had some medical condition causing anxiety to their parents; of these, 7 of the boys and 4 of the girls were already under observation by the school doctors. The 8 boys and 10 girls not already known to us were medically examined; in only 2 boys was any treatment recommended.

INDEPENDENT SCHOOLS

(Report by Dr. D. Cullen)

The service provided to St. Margaret's School (300 pupils) continued. 201 girls were examined, 45 showed some condition requiring treatment and 75 are being kept under observation.

At the request of the headmistress, the Education Committee started to provide a service at Mount St. Mary School (270 pupils) in April ; 195 girls were examined, 52 showed some condition requiring treatment and 61 are being kept under observation.

The service, which has been free since 1970 and is voluntary, is welcomed by most parents. At St. Margaret's parents of only 4 girls have declined the invitation for their daughters to have examinations and at Mount St. Mary there has beeen 100% acceptance.

Plans were made towards the end of the year to start hearing testing early in 1972 at Maynard School (551 pupils) and the West of England School for the Partially Sighted (109 pupils).

The child guidance and speech therapy services have always been available free to children who attend independent schools, though many parents do not appear to be aware of this.

Help with health education has continued in a number of schools.

VISION

The school eye service is provided by the West of England Eye Infirmary, one session a fortnight being reserved for our school children.

575 children were referred by the school medical officers during the year. 211 of them (97 boys ; 114 girls) were referred for the first time ; spectacles were prescribed for 65 of these (37 boys ; 28 girls). The usual visual standard for reference is 6/12 in either eye, unaided. The age groups of the 211 children are set out below :

Year of birth	Number Referred	Spectacles Prescribed
1965/66	46	15
1964	10	4
1963	25	9
1962	29	8
1961	17	5
1960	19	11
1959	13	6
1958	15	2
1957	25	2
1956	6	—
1955	6	3
TOTAL	211	65

All children have their vision tested at school by the school nurses at 5, 7, 10, 12, 13, 14 and 15 years of age. During the year 5,981 tests were carried out by the school nurses ; children found to have defective vision are advised to attend the Eye Infirmary but owing to the pressure of work at the Eye Infirmary, appointments have got behind, and to alleviate this situation, the consultants are advising me which children may be referred to independent Eye Centres or to private opticians.

SQUINT

During the year 14 new suspected cases of squint (8 girls ; 6 boys) were found in the age range 5 to 10 years ; the same number as last year. All the children were referred to the Eye Infirmary ; in 6 the diagnosis of squint was confirmed.

MASTER VISION SCREENING

(Report by Dr. G. F. C. Hawkins)

An additional aid for testing children's sight has been in use throughout the year. This is the British American Optical Company's Master Vision Screener, known as Mavis. Because of its comparative lask of portability this machine has been kept at the School Health Department and children invited for testing there when additional information on their visual acuity was required over and above the simple Snellen Test in schools and when the case for referral to an ophthalmologist was not immediately clear. One school nurse has become experienced in its use, and in practice it has been found a useful screening test. Children below the age of 8 and the educationally subnormal cannot be relied on to co-operate, but in nearly all the others clear-cut results were obtained and the number failing to attend for testing was very small.

The vast majority of abnormalities picked up were simple errors or refraction, though a few cases of latent squint also came to light.

The results in brief are as follows :—

	Tested	Referred to Ophthalmologist	No Action Indicated	Unco-operative
Boys	31	19	11	1
Girls	48	32	14	2
TOTAL	79	51	25	3

COLOUR VISION

During 1971, the school nurses using Ishihara plates, tested 619 boys, mainly 10 year olds in their last year at junior schools. 63 were considered to be defective and were retested by Dr. G. F. C. Hawkins, using the Giles-Archer Lantern ; 21 were found

to be " safe ", 33 to be " unsafe " and 9 boys did not keep their appointments. We have not examined the girls since 1958, as defective colour vision is so rare among them. No cases of suspected colour vision in girls have been referred from the schools.

CLEANLINESS

16,970 head inspections were carried out through the year compared with 13,056 in 1970. 379 children (154 boys ; 225 girls) were found to have nits or lice compared with 205 in 1970. This represents an increase of about 1% to 2·7% of children showing some evidence, however slight, of infestation. This rise in the number of those infested is not peculiar to Exeter but is happening throughout the country. Evidence has been brought forward of the resistance of lice to the chemical in regular use, to kill them. We have started in Exeter, using Malathion in the routine treatment. This preparation has been shewn to be more effective than that previously used.

The increased numbers, though disturbing, must be kept in proportion. The number of children infested is still very small and they are mostly occurring in a few schools. Considerable effort is being put in by the school doctors and the school nurses to identify and arrange effective treatment for the children affected.

The following table shows the individual cases of unclean (verminous) heads found in 1971 by age groups.

Age (at 31.12.71)	Children with heads found unclean			
	Once Only		More than Once	
	Boys	*Girls*	*Boys*	*Girls*
Aged 5 years (and under)	23	23	1	6
„ 6 years	35	48	4	10
„ 7 „	26	33	—	13
„ 8 „	15	21	4	9
„ 9 „	16	10	1	7
„ 10 „	5	20	—	3
„ 11 „	11	11	2	3
„ 12 „	5	6	1	—
„ 13 „	2	1	1	—
„ 14 years (and over)	—	—	2	1
Total	138	173	16	52

TOTAL IN 1971 : 379 = 2.7% of school children.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

Where a child has had a complete medical examination within the previous 12 months and subject to written confirmation by the parents that the child has had no serious illness or accident since that date, an employment certificate is issued without carrying out any medical examination.

New Cases

During the year 187 children (93 boys ; 94 girls) applied in accordance with the Bye-laws (1949) for part-time employment certificates, for the first time ; licences were issued after medical examination.

Children Reviewed

During the year 34 (20 boys ; 14 girls) were reviewed after working 3-6 months ; 5 of these children were medically examined (no medical check-up during the previous 12 months) ; the remaining 29 were certified on their history as fit to continue part-time employment without having further medical examination.

Type of Employment	*Boys*	*Girls*	Total
Delivery of newspapers	69	39	108
Delivery of groceries	4	—	4
Delivery of meat	4	—	4
Delivery of milk	1	—	1
Hairdressing	—	7	7
Shop assistants	—	25	25
Waitress	—	17	17
Miscellaneous	15	6	21
Total	93	94	187

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

Ministry of Education Circular 249

186 students (113 women ; 73 men) and 11 teachers (1 woman ; 10 men) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession.

HANDICAPPED CHILDREN

TABLE SHEWING THE NUMBER OF OUR HANDICAPPED PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT 20th JANUARY, 1972

Disability	Total No. of children classified as handicapped as at 20-1-72	Special School or Home	Resd.		Non Resd.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
Blind	2	Condover Hall, Shrewsbury	—	1	—	—	2	—
		Worcester College for the Blind, Worcester	1	—	—	—		
Partially Sighted	14	West of England School for the Partially Sighted, Exeter	2	—	10	2	14	—
Partially Hearing	68	Royal West of England School for the Deaf, Exeter	1	1	9	16	27	—
Physically Handicapped	27	Vranch House School, Exeter	—	—	13	9	25	—
		Princess Margaret Sch., Taunton, Somerset	—	1	—	—		
		Heathercombe Brake, Manaton, Devon	1	—	—	—		
		Chailey Heritage, Sussex	1	—	—	—		
Epileptic	53		—	—	—	—	—	—
Educationally Subnormal	268	Maristow House, Plymouth	1	1	—	—	216	52*
		St. Christopher's School, Bristol	1	1	—	—		
		Withycombe Hse. School, Exmouth, Devon	—	3	—	—		
		Bradfield School, Devon	1	—	—	—		
		Rocklands, Chudleigh	6	—	—	—		
		Pitt House, Torquay	7	—	—	—		
		Lampard Vachel, Devon	1	—	—	—		
		Southbrook Sch., Exeter	—	—	69	59		
		Ellen Tinkham, Exeter	—	—	32	28		
		Courtenay Sch., Exmouth	2	2	—	—		
		Oaklands Park, Dawlish	1	—	—	—		
		Gulworthy, Tavistock	1	—	—	—		
Delicate	29	Heathlands Rise, Teignmouth	—	1	—	—	10	—
		Heathercombe Brake, Manaton, Devon	8	1	—	—		
Maladjusted	35	Heathercombe Brake, Manaton, Devon	1	—	—	—	14	1
		Grenville College, Bideford, Devon	1	—	—	—		
		Dawlish College, Devon	1	—	—	—		
		The Gables Hostel, Devon	1	3	—	—		
		Crichel Hostel, Devon	2	—	—	—		
		Berrow Wood School, Pendock, Worcs.	1	—	—	—		
		Red Hill School, Kent	1	—	—	—		
		Childscourt, Wincanton, Somerset	—	1	—	—		
		Cam House, Gloster	1	—	—	—		
		Bicknell School, Bournemouth	1	—	—	—		
TOTAL	496		45	16	133	114	308	53

* All these children are awaiting admission to a Day Special School.

ELLEN TINKHAM SCHOOL

(Report by Dr. M. Allen)

100 years after passing the Education Act, 1870 universal compulsory education became a reality for every child. All children, no matter how severely mentally handicapped, have the right to be educated within the educational system of the country since April, 1971, following the implementations of the Education (Handicapped Children) Act, 1970. Ellen Tinkham House School then became the responsibility of the Education Committee and not the Health Committee of the City Council. It will take some time for this to be fully implemented and the benefit of the expertise of the Education Department brought to bear on the methods of teaching and needs of the children. I hope that this will not become the " cinderella " of the Education Department, as the sub-normality hospitals are to the hospital service.

There is need for closer liaison between the education, medical and social services departments on the care and education and for the full overall development of these children. There is a great deal of research needing to be done on the methods by which the children learn and the best method of teaching.

There is no need to categorise these children formally and declare intelligence quotients, but there is still a need for the assessment of each child and this a multi-disciplinary approach working in close co-operation with all those concerned with the children in order to know the needs of the child and also the best educational placement for each child.

There is a pre-nursery class at the school. This is a very vital part of the education of any handicapped child. It enables us to assess the handicaps of the child to see what he can do, to watch his continuing development, and also to give supportive help to parents.

The staff at the school have always shown a deep concern for the children and their quality of life ; this has now been increased to the educational needs of the children. The child must learn to be aware of himself and to make relationships, which is essential for the child to learn. The staff have often to provide a good relationship with the child because very often relationships have broken down in the home situation.

At Ellen Tinkham we are fortunate to have the service of a speech therapist who devotes much time to the children and provides the positive stimulation to language which these children very often lacked in the home situation because of their mental retardation. Language development is a very important part of the programming for these children and this is brought out in the class room situation and also in all the other activities of the children. Language and language skills is a key to learning because it is difficult to develop thinking skills without the development of language. Language also makes it easier to make contact with the child and so encouragement of language is everyone's concern.

It is now well recognised that children learn most in the first five years of life and that subnormal children learn as other children except at a slower speed in keeping with their development. In order to learn, the child must have the right environment and the early life experiences of which they have often been deprived, whether due to the child's failure to learn from them, or, because they were not given, or, very often a combination of the two. These experiences must be given, and the child made aware of himself, his body awareness, the control of his motor co-ordination, and the sensory precept in relationships to his environment. All these are essential for his development. The physiotherapist at the school helps the child in many ways as well as providing actual treatment for a physical handicap.

There is need for frequent assessment and consultation to assess the development of the child and to consider the best way this can be contrived. The concept of education in the development of each individual's potential and this, although it is more complex in the subnormal child, is the same as for any child. Everything must be done to increase an environment in which learning can take place and this is the aim of all concerned with these children. No child should be placed in an environment which will not allow his potential to develop.

The parent must also be brought into the whole development of the child and this we try to do at Ellen Tinkham School and also to give them supportive help.

The future for the severely subnormal child looks rosy at the moment but there is still much to do, much to learn, and I hope the introduction of the educationist will bring a " fresh look " to the development of the mentally handicapped child.

ELLEN TINKHAM SCHOOL

(Observations by Headmistress, Miss F. Crook)

Ellen Tinkham School came under the auspices of the Department of Education and Science on April 1st, 1971, and so classified our children, as " severely educationally sub-normal ". One of the changes that was greatly accepted by parents, who had up until now lived with the fact, that their children were " unsuitable for education in school ".

At this point, I would like to thank all those who helped to make the transfer from the Department of Health so smooth.

Aims

Ellen Tinkham School provides education and training for 68 children (9 from Devon) who attend daily and whose ages range from 2 to 16 years. The school is run mainly on the play, look and learn method, with great emphasis on social training—introducing the children to every day situations and making them as socially adjusted as is possible, so they are able to take their place in the community. Any child who has the potential for reading and writing is encouraged to develop this to the fullest.

Staff

The teaching staff at present consist of one head teacher, six class teachers, one housewifery teacher and one woodwork master, four full-time nursery assistants and one part-time nursery assistant. A peripatetic teacher for the partially hearing children makes weekly visit. One speech therapist three sessions a week, two physiotherapists two sessions a week. On the medical side Dr. M. Allen, senior school medical officer, visits once a week with a health visitor, in attendance. Dental inspections are carried out once a year.

Classes

There are now six classes in the school, nursery, infant, junior, senior, intermediate and special care. The special care class looks after the severely affected children who do not readily fit into other groups, often severely brain damaged and with severe physical abnormalities. Caring for the physical needs of the child is a major task ; the unit ensures relief for the parents during the day and progress in the ordinary sense is very limited and slow. The children in the intermediate class, are those that have the potential for the more academic side of work. As this is a very small class room structurally, it is hoped in the near future, that further accommodation will be provided for these very active children. The housewifery unit caters for a group of mixed children who look after themselves for a week—by this they make up their own menus, go into the city and buy their goods, prepare, cook and eat them. Also they are instructed in all household chores that arise within the home. In the woodwork classes, both boys and girls join in these lessons. Activities have been very varied, besides making toys and small objects, the woodwork team have undertaken repairs to the furniture and equipment within the school.

Activities and Outings

Swimming. There is a heated indoor swimming pool at Ellen Tinkham School which is used by all the children except four. Most of the senior children have been successful in gaining their first and second class swimming certificates, which they took at the public baths. Parents and children are encouraged to use this pool in the evenings and week-ends.

Paintings. The children exhibited paintings at Taunton this year at the art exhibition organised by the South West Branch of the Society for Mentally Handicapped Children.

Handwork. The children have shown some of their hand work at the Disabled Persons Handwork Exhibition in Exeter and were fortunate in winning a cup.

Sports Day. Other successes this year includes the South West Sports Day for all mentally handicapped children in the area in which both the nursery and junior teams were successful in winning cups. Four children competed in the Inter County

Sports Day held at Taunton and they also helped to bring the cup back to Devon.

Open Day. Three Open Days have been held this year in the school, during which the children demonstrated some of their developing skills. All in all approximately two hundred and fifty parents and friends attended.

Harvest Festival. The Reverend Father E. Royle kindly took the Service, which was again very well attended.

Visits. We aim at Ellen Tinkham School to make as much contact with other normal schools as is possible ; therefore, the children have visited Whipton Barton School and Central Infants' School.

Outings. Once again a number of outings have been made this year. The senior children go out each Friday to visit various places of interest in the area. The whole school visited the Devon County Show, Babbacombe Model Village, Paignton Zoo and Exmouth Beach.

Parties. Parties at Christmas were given to the children by the Mount Pleasant Young Wives Club and the Exeter University Students.

Visitors. The school has been visited by many local organisations, students from St. Luke's, Rolle College, etc. Also, boys and girls from many schools within Exeter.

My general comment on the year as a whole is that it has been a successful and happy one with good co-operation from all the staff and administrators and also great interest and help from the parents. My aim for the coming year, as I have said at the beginning, is to provide further accommodation for the intermediate class and also extensions to the nursery, because of the various types of children, i.e. physical handicaps, etc., that are coming in.

SOUTHBROOK SCHOOL

(Report by Dr. M. Allen)

In the past year there has been two extra classrooms built at the school ; with this additional accommodation there has been an increase of 31 in the number of Exeter children attending the school. There is, unfortunately, still a large waiting list for the school and it is impossible to accommodate every child in Exeter who requires the special education provided at Southbrook School ; so many children who would benefit from the special education will have to go on struggling to learn in the ordinary school situation with the resulting psychological damage this inevitably brings, and the stress to parents, children and teachers. The alternative is residential special schooling which parents do now always like and which is often difficult to obtain and very expensive.

The category of the school is officially educationally subnormal, but there are few children in this one category who attend

the school. Many of the children have emotional disorders, the latter often because of cerebral dysfunction or brain damage with the associated learning difficulties and low frustration level. Many of these children because of their multiple defects, have not been able to be found the specific educational provision they need and Southbrook School has made provision for them. Because of the needs of the children the teaching staff have to be adaptable and require specific knowledge in many specialist fields.

We are also fortunate at Southbrook to have the specialised help of a speech therapist, a physiotherapist and a peripatetic teacher of the deaf, to help in the teaching of these children and to give them the specialised support so necessary to help the child in overcoming these additional handicaps and to help the child to benefit from the educational facilities provided. The number of sessions of both the speech therapist and physiotherapist has been increased because of the increase in the numbers of multi-handicapped children attending the school.

There is also the special group of children which I wrote about in the report last year. This group is still proving a very worthwhile service to the education department in many ways. These children were difficult to educate in ordinary school and to settle into a large group situation ; in their present small group it has helped them to work in a group situation and to be slowly integrated into the larger group situation in the school ; it has also helped in a clearer diagnosis of these children's difficulties. I long for the day when these children can be catered for from the first day they enter school and do not have to go through the stage of being a " misfit " at the age of 5. The group also helps the child with specific learning difficulties to overcome these difficulties and to be motivated into the learning situation.

Many of these children come from poor social surroundings and they are much smaller in stature than other children of the same age who attend ordinary schools. They often suffer from catarrhal condition and develop many psychosomatic symptoms as the result of their failure in ordinary school situation. They have to be carefully dealt with and supportive help given to the teaching staff in order that these symptoms be overcome and to adjust the child to the new situation. The matron at the school gives very valuable supportive help to these children and acts as a link between home and school. The health of the children improved while attending the school and this is helped by a well-cooked midday meal. The School Meals Service also supply special diets for the children. Very few of the children have discontinued the school dinners because of the increase in the price of the school meals.

There is a close link with the education department, educational psychologist and the medical department in the assessment of the children for the school and the children are constantly being reviewed as to their progress in the school and continual assessment in a very necessary part of the service.

I hope now the school is established that, in the future, some children will have progressed to such a degree as to enable them to return to the ordinary school.

There is emphasis in the school on links with the outside work so that these children will be able to take their place in society and not suffer from a too sheltered environment. Close co-operation with all departments before the child leaves school is maintained in order to give the child the best chance to become a worthwhile citizen.

I would like to thank the headmaster and all the staff of the school for their help and support in the past year.

SOUTHBROOK SCHOOL

(Observations by Headmaster, Mr. D. S. Kerr)

By April, 1972 the school will have been in operation for five years. This period has enabled us to view the long-term achievements of pupils who started in the reception class at 7 or 8 years of age and are now in the senior school, and to compare these with the achievements of pupils who came to the school at age 11 years or older. In terms of academic progress the benefits of an early start in the special school are quite significant, but in the field of social adjustment, emotional stability, and attitudes to endeavour ; the contrast in favour of these children is conspicuous. The more handicapped the pupil the greater are the benefits to be derived from early placement in the most suitable educational environment. Obviously this involves careful observation pre-school and at infant level, combined with early assessment and diagnosis. The need for an objective screening programme is becoming more evident as children are being presented for admission at 12-14 years of age. That these children have been failing in school for many years without any effective remedy being applied indicates the need for constant vigilance, and periodic reviews of attainments.

We are still faced with the problem of more children requiring accommodation than we can possibly admit. The selection of 12 children from a waiting list of 40-50 children poses problems of priorities and the inevitable misgivings and concern about the conequences for those not selected. There must also be concern over the ethics of denying to some children the education facilities they so patiently need. The fact that some parents (not many) refuse the place offered to their child, at present offers the L.E.A. some relief from its dilemma. This should never be the case, because the responsibility of the authority is clearly defined and statutory action should be taken in the child's best interests. The advisability of taking the line of least resistance in such instances can be seen to be fallacious when such children become problems later in their school career.

The school is functioning as a happy working unit. The children are responsive and eager for work. This is reflected in

the attendance which except for a hardcore of two or three families is well into the 90% figure for most of the year. Improved attitudes to school and work has resulted in most of the children showing progressive improvement in reading and number work. Re-organisation within the school has indicated that this improvement may be accelerated for many children who have previously manifest more specific reading disabilities.

A very full programme of outside activities during the year included very full use of the educational facilities at Topsham Lock Cottage. The P.T.A. has raised considerable sums to further improve these facilities for the coming year. Groups of children spent communal weeks or week-ends at the cottage with staff supervising the domestic, recreational activities. Parties of children on a daily basis ensured the full utilisation of the premises and equipment. The younger children, not to be left out of the experience of communal living, spent a residential week at Exmouth through the good offices of Devon County Council, who leased Withycombe House School premises to us for a nominal charge. This enabled the staff to spend a week in residence with a party of 48 younger children. A worthwhile experience for both, and a welcome respite foı the parents no doubt.

Inter-school activities with other Special Schools included football, netball, cross-country running, athletics and swimming. These and social events were facilitated by the possession of the school mini-bus, if our ancient ex-ambulance can be so described. Senior children in two separate groups visited London for an overnight stay to include a visit to London Airport to see the jumbo-jets.

I feel no report would do justice to the school without some reference to the excellence of the teaching and ancillary staff, who combine to make a team of outstanding merit. This, combined with the very full co-operation of the speech therapists and physiotherapist, ensures that the children receive the special help most necessary for their particular handicap. Speech therapy has been increased to four half-day periods a week, and the physiotherapist now has two half-day sessions in the school. The school medical officer must be added to this team ; her services and advice are given unstintingly.

The prospects facing the handicapped school leaver seeking employment are extremely poor and cause grave concern to all involved in their successful placement. As the climate of employment deteriorates it is the handicapped who feel the " wind of change " more noticeably. This is particularly the case for the educationally handicapped child for whom there is least provision made by way of sheltered workshops. Most of the adolescents leaving Southbrook at 16 are employable in the open market, given certain consideration and care in placement. In times of unemployment this cannot always be achieved—even for the most capable, and the resultant period of unemployment has many undesirable consequences not least of which is the erosion of the young persons' confidence in their own employability.

Prolonged periods of unemployment inevitably sees a marked deterioration in personal appearance, work attitudes and social awareness, all of which lessens their chance of ultimately being found suitable employment. Temporary placement at the Nicholls Centre, whilst not being the ideal solution to the problem, at least reduces the rate of regression and permits continued observation and supervision of the young worker.

Statistics show the following for 1971 leavers :—

	10 *girls*	10 *boys*
To Employment	6	4
To Training Centre (voluntarily)	2	4
Unemployed	2	2

Of those shown as unemployed—the two boys (same family) have had employment but have no real intention of working. One of the girls is unemployable but the parents refuse the training centre, the other is over ambitious and will eventually be satisfactorily placed in a less demanding job.

VRANCH HOUSE SCHOOL

(Report by Dr. M. Allen)

This school was opened in 1969 and is greatly meeting the needs of the physically handicapped child in the community.

There is a nursery and school section in Vranch House and the children are admitted from the age of 2 years ; there have been extensions to the school which means the children can be accommodated in the school up to the age of 12 years. The nursery section is a very important part of the school because here the children are helped to live with and to overcome their handicaps at a very early age and also to mix with other children. To help the child to overcome his handicap, there are many people specially trained, such as the physiotherapist, occupational therapist, speech therapist and teachers, as well as all the facilities of the school health service. The nursery section of the school also helps in a diagnostic way in the assessment of the children and the best educational placement. Many of these children have been deprived of the normal social and environmental activities and because of their handicaps, may also require a great deal of hospitalisation at a very early age. It is important to recognise this and to help the child by supplying all the necessary stimulation in these areas.

Many of the children have got specific learning difficulties associated with their handicaps, so the teaching of these children has to be very varied in order to motivate the children into a learning situation.

There is an assessment panel which is a multi-disciplinary approach to the child and this is for children who are applying for admission to the school and it also acts in the continuous assessment of the child in the school situation. The need for constant re-assessment is vital to the handicapped child and close

links are needed with all those concerned with the development of the child as well as with the home and school situation in order to help the child to learn.

Many of the children in the nursery school have made such good progress that they are now being educated in the ordinary school where they are closely observed until they are completely integrated in the school situation. The head teachers of our primary schools are most co-operative in helping these children to settle in school.

I would like to thank the staff of Vranch House for all their help in the past year.

EDUCATIONAL PSYCHOLOGIST'S REPORT, 1971
SCHOOL PSYCHOLOGICAL SERVICE

(Report by Mrs. M. Whinnom, B.SC.,
Educational Psychologist)

Work in this service has been somewhat restricted because of shortage of staff. I was appointed full-time educational psychologist in June, but, to date, the post of part-time educational psychologist is still vacant. With four to five sessions each week occupied with work in the Child Guidance Clinic, it has only been possible to devote four to five sessions weekly to work in the forty-two schools of the Authority and one session to work in a pre-school clinic.

Nevertheless all functions of the service are proceeding and some interesting developments are taking place.

Reorganisation of the school system has necessitated a review of the need and form of remedial work for children with learning problems. Mrs. Cornish was appointed full-time remedial teacher in the Child Guidance Clinic from September. She has seen, since September, twice or more times each week, seventeen children who, although their intelligence is within the range of average or higher and who are without severe handicaps, are seriously retarded in reading because of specific learning difficulties, and/or emotional problems or other causes. This is proving a most successful service and forms another valuable link between schools and the Child Guidance Clinic since Mrs. Cornish maintains a close liaison with the staff of the schools from which these children come. Mr. Hall now does remedial work at Alphington School and at Ladysmith Secondary School, while Mrs. Jarvis is fully occupied with the remedial service at Bradley Row Junior School. The need for more help in other schools and areas is recognised, but since our knowledge of the extent of the problem is limited, a scientific survey of children attending our Infant and Junior schools is planned, and will be undertaken with the full co-operation and assistance of the Head Teachers of these schools, early in 1972. Results of this survey will provide a more exact measure of the need for remedial services and will result in more systematic planning for the future.

The special adjustment class, formerly attached to Summerway School was transferred to Beacon Health Infants' School when Summerway became a junior school. This class has been in existence for over two years and it is becoming possible to assess its value. The children in the unit are selected as those most seriously " at risk " educationally for a multiplicity of reasons, including low intellectual functioning, other handicaps of varying severity, severe social and emotional deprivation, etc., and who for these reasons are unable to benefit from attendance at ordinary schools. The unit is both diagnostic and therapeutic. Several children, after a period in the unit, have already been rehabilitated to enable them to function effectively in ordinary schools. For others it has been possible to make a better assessment of the form of special education they need. Perhaps one of the most interesting and rewarding results of the work of this class can be demonstrated by reference to two specific children attending. Both these children, when originally assessed, appeared to be on the borderline of severely sub-normal. Both come from very deprived backgrounds, and older siblings of both are attending Southbrook and Ellen Tinkham Schools. Re-assessment at the end of 1971 showed that both children are now functioning at just below the average level, and they are being gradually introduced into normal classes at Beacon Heath School. There is a strong possibility that neither will need special educational treatment as their older siblings have done, and the period they have had in the adjustment class is solely responsible for their all round development. Investigation of pre-school children indicates that we need at least four similar adjustment classes in Exeter to cater for approximately twenty children in each year group who would gain similar benefit from attendance. The value of this preventative work, both in human and indeed, in economic terms, cannot be over estimated.

I should like to pay special tribute to Mrs. Whittle, the teacher in charge of this class since its inception. The work is most demanding of skill, patience, enthusiasm and indeed devotion, and Mrs. Whittle has provided abundantly. She works single handed, and but for the generous support given to her first by Summerway School and now by Beacon Health School, she would have had no relief. There is no question that teachers of adjustment classes should be provided with a full time Nursery Assistant. Without such help, too much of Mrs. Whittle's valuable time and energy is absorbed by routine physical care and supervision which could be dealt with by someone with different—and less expensive—training and ability.

Another aspect of the work has clearly demonstrated serious gaps in the services available for handicapped and deprived children in Exeter. Once a week I assist Dr. Allen at a clinic for pre-school children who are recommended, mainly by health visitors, for examination and assessment. All of them are " educationally at risk ". There is abundant research and evidence available which proves that the earlier the age at which remedial measures are applied, the more effective they are.

Among other things, there is a crying need for more nursery schools and classes, acting as diagnostic and therapeutic centres for children from two and a half years of age or in some cases, even younger than this. We are, at present, too dependent on voluntarily organised play groups which, although the organisers are most co-operative, are not equipped or staffed effectively to fill the needs of the children of the City. Like the children in the Adjustment class, an incalculable number of children, selected and assisted well before they are of school age, could, if such centres were provided, be prepared to benefit from attendance at ordinary schools, instead of needing special educational treatment for all their school lives. Prevention is not only better, but much less expensive, than cure ;

I must not omit reference to the routine work of assessing children referred to the School Psychological Service by School Medical Officers and Head Teachers, although this has been somewhat restricted by staff shortage. This service is of the essence of the educational psychologist's work, and enables close contact to be maintained between the head teachers and staffs of schools, the child guidance clinic, the school medical officers and speech therapists, etc., and least, but certainly not last, the many children and their parents.

NEEDS OF HANDICAPPED CHILDREN

(Report by Dr. M. Allen)

There are two special classes in the ordinary school situation in Exeter for children who because of some handicap will not be able to fit into the ordinary school situation on entering school. These classes have proved their worth over and over again ; the children admitted are on the handicap register and have been assessed as educationally " at risk ". I have been amazed at the progress of some of these children. Their motivation towards learning and their degree of adaptability to class room work which these children showed when they started school was difficult in many cases for them. In the special class at Beacon Heath, 6 of the children have returned to the ordinary school situation after a period of one term to eighteen months in the class ; two of these children are sibblings of families who have required special education and these children have been given a trial in ordinary school and will be constantly assessed. The children are anxious to learn and have shown a motivation which has not been seen in the other sibblings. It is not a specific sample, but I do not think it can be ignored as not a significant fact.

Another group of children which should be catered for are those with specific learning difficulties. It is estimated that one child in six suffers from this and need special help to learn. I am convinced these are the children who present behaviour problems with the low frustration level and their failure to learn. These are the children who often have to be educated in a school for

the maladjusted. I hope with the developmental clinic, the child health service, assessment of the children who are educationally at risk, and a neurological examination at their first school medical examination, that these children will be identified and special help given to them in the school situation.

It is important that everyone who is interested in the development of the child should act together to help the child to reach his full potential and to make learning easier in his early years and, therefore, throughout life. It is essential that an early diagnosis is made so that the potential needs can be met and opportunities for learning given to help the child to develop his full potential.

TUITION IN HOSPITAL

The local education authority continue to provide educational facilities in the Royal Devon & Exeter Hospitals, and Exe Vale Hospital, Wonford. During the year 172 children received education whilst in-patients at these hospitals, including 67 from Exeter, 87 from Devon County and 18 from other areas; 41 children were receiving education in these hospitals on 20th January, 1972.

Additionally, there are hospital special schools in the Princess Elizabeth Orthopaedic Hospital staffed by the Devonian Orthopaedic Association (19 children were attending on 20.1.72 (3 from Exeter, 3 from Torbay and 13 from Devon), and also in Honeylands Children's Hospital staffed by this authority, 8 children were attending on 20.1.72 (6 from Exeter and 2 from Devon).

Home Tuition

4 new cases, viz.: chronic asthma (2), rheumatoid arthritis (1), spastic (1). Three of them were still having home tuition at the year end.

The sum of £11,645 was spent during the year ended 31.3.71 on arrangements made under section 56 of the Education Act, 1944, for the education of handicapped children otherwise than at school.

Transport

Transport (by taxi) to and from school was provided during the year for 54 new cases and continued for 48 " old " cases: (new cases) spastics (8), fractures (19), partially sighted (2), partially hearing (4), orthopaedic conditions (15), miscellaneous others (6); 63 children still had transport at the year end.

PHYSICALLY HANDICAPPED CHILDREN

At the end of the year, there were 27 children classified as physically handicapped. We had 2 new cases in 1971.

Handicap	Sex		Age Group				Education			Able to take P.T. and Games		
	Boys	Girls	Under School Age	Infs.	Jnrs.	Snrs.	Day Special School	In Res. Special School	In Ordinary School	Nil	Mod.	Full
1. Cerebral Palsy	9	7	3	5	7	1	13	—	3	13	2	1
2. Heart : Congenital	—	—	—	—	—	—	—	—	—	—	—	—
3. Poliomyelitis	1	—	—	—	—	1	—	—	1	1	—	—
4. Other Congenital Defects	3	2	—	2	1	2	3	1	1	4	—	1
5. Miscellaneous	4	1	2	1	2	—	3	1	1	3	1	1
Total	17	10	5	8	10	4	19	2	6	21	3	3
	27		27				27			27		

EPILEPTIC SCHOOL CHILDREN

We had 53 children classified as suffering from epilepsy at the beginning of the year. During the year 8 new cases were reported and 10 cases were removed from the register : left school (8), removed from the register as recovered (2).

41 (17 boys ; 24 girls) attend ordinary schools in the city ; 11 (10 boys ; 1 girl) attend special schools for educationally subnormal children and 1 boy attends school at the Dryden Clinic for maladjusted children.

Sex	Total	AGE				EPILEPSY		Have had Hospital Investigation
		5-7	8-11	12-15	Over 15	Minor	Major	
Boys	28	—	14	14	—	10	18	28
Girls	25	2	8	14	1	11	14	25

EMPLOYMENT OF SCHOOL LEAVERS WITH HANDICAP

Reported on Form Y.9 during 1971

Form Y.9 is a medical report sent to the Principal Careers' Officer indicating the employment(s) considered unsuited to the individual leaver having regard to his handicap as stated and when the handicap is such that registration under the Disabled Persons (Employment) Act, 1944 is not considered necessary.

There is a close liaison maintained by our school medical officers with the principal careers officer with regards to handicapped school leavers.

Main Defect	*Boys*	*Girls*	*Total*
Defective colour vision	36	—	36
Defective hearing	2	2	4
Defective vision	1	—	1
Educationally subnormal	—	—	—
Epilepsy	1	—	1
Shaking of left hand	1	—	1
Chest conditions	—	9	9
Diabetes	1	—	1
Skin Disease	—	1	1
Weak hip	1	—	1
Total	43	12	55

Reported on Form Y.10 during 1971

(Form Y.10 is a medical report indicating severe handicaps where registration under the Disabled Persons (Employment) Act, 1944 should be considered).

Main Defect	*Boys*	*Girls*	*Total*
Dwarfism	—	1	1
Emotional disturbance	—	1	1
Educationally subnormal	3	—	3
Total	3	2	5

SPECIAL CLINICS

AUDIOLOGY CLINIC—1971

(Report by Dr. C. P. Hallett)

The numbers of children seen and supervised by the audiology clinic can be seen in the appropriate tables.

We have increased our services during the year, almost to breaking point, by including some of the independent schools in our " hearing assessment net ". The results of screening hearing in young children has ramifications in many different areas. Parents, teachers and counsellors soon come to appreciate just how far inadequate and fluctuating hearing can affect the social and academic quality of life and the difference the correction of inadequate hearing can make to the general well-being of the child and its family.

We like to think that the hearing of all Exeter children has been screened and we are happy to include the girls at the Maynard School and the children at the Partially Sighted School in future services. Partially sighted children are possibly more at risk of having a hearing impairment than the average child and this has been highlighted recently by confirming the presence in the school of a previously unsuspected profoundly deaf newcomer.

The need for audiology clinic staff to keep abreast of changes and to increase their experience was furthered by my attendance on a week's course for medical officers at Manchester University ; it is hoped that our two audiometricians will attend a one week's course for audiometricians at Manchester next year.

Because of the increasing size of the audiology clinic waiting list I have had to increase my own working sessions in audiology to three sessions weekly. Two sessions are given up to the " over fives " and one session weekly to the " under fives." I dislike this artificial administrative distinction and I hope that it will be possible to plan a single unified service from birth to school leaving age in the not too distant future.

The administration of the Audiology Clinic needs modernising. The records of any one child may in theory be found in as many as four separate places, i.e. the audiology clinic, child health clinic, school health department or school. This makes for bad administration and unnecessarily increases the work carried out by our part-time shorthand/typist. I am grateful that the medical officer of health has agreed to my request for an Organisation and Methods investigation of the audiology and speech services administration, and I am hopeful that with the start of the new child health service only minimal duplication of records will occur.

In the last annual report I mentioned the need for Exeter city to make provision for those hearing-impaired children who required a different type of education than the Royal West of England School for the Deaf was able to provide. I therefore, prepared and submitted recommendations to the Principal School Medical Officer and the Director of Education. I also asked the Senior Peripatetic Teacher of the Deaf to prepare her recom-

mendations. I understand that she is to advise the Director of Education about the type of provision needed for hearing impaired children attending normal school and the type of provision required for hearing impaired children with other complicating difficulties. There certainly exists in Exeter a need for a unit for children with hearing impairment and other complicating difficulties. I hope that in the next year positive steps will be taken to meet this need, as well as the need of hearing impaired children who might otherwise attend a normal school instead of special school.

I am becoming increasingly aware that audiology, as a medical responsibility, is a full-time and not part-time commitment, and that the link with the hospital service is an important one in need of further development. The increasing refinement in technological advances in the field of hearing assessment and treatment cannot be adequately dealt with from two separate centres.

I am happy to be able to report that our relationship with the Consultant Ear, Nose and Throat Surgeons is a good one. Mr. T. L. Bradbeer, with whom we have the most contact, is a lesson in unfailing courtesy and co-operation and this makes for a very satisfactory working relationship with our hospital colleagues.

An audiology clinic should not however be viewed as either a purely medical or as a purely educational discipline. The initial evaluation of the child's physical and mental development including hearing assessment is, I would maintain, a predominantly medical responsibility. As an understanding of the hearing impaired child's educational need develops, the medical responsibility merges into an educational one. The present organisation is largely an accident of local government administration and neither a medical hat nor a purely educational hat will I believe suit the concept of an audiology clinic in the future.

I am grateful to the Teachers of the Deaf for the enormous amount of conscientious time they give to the hearing impaired child and his family. They combine in one post the many skills of teaching, parent counselling, advising, maintenance and supervision of hearing aids and organisation of hearing assessment in schools. I am also grateful to our audiometricians for undertaking so much of the field work and ensuring that no child in trouble, is forgotten.

In these days of health visitor general practice attachment, it is important that health visitors are adequately trained in the screening of hearing of young babies. The supervision of training has been quietly undertaken by Miss Bastow, health visitor to the audiology clinic, who as well as organising the clinic for the under fives ensures that the clinic runs as smoothly nowadays as it has done since its conception almost ten years ago. Finally I am most grateful to Mrs. Walrond, our shorthand/typist, who manages somehow to be scrupulously fair to all who require her services.

The audiology clinic team have over the past twelve months increased their work load without a deterioration in the quality of the service. This service is ideally suited to a population of the size of Exeter and it is hoped that forthcoming local government and National Health Service changes will in no way dilute it without adequate provision being made to meet altered responsibilities.

PARTIALLY HEARING CHILDREN

The statistical details about partially hearing Exeter school children are set out below.

		At year end 1971	1970
	School Population	14,146	13,948
1.	**Attending Schools for the Deaf**		
	(a) Royal School for the Deaf, Exeter	27	23
	(b) Attending Partially Hearing Unit	1	1
2.	**Wearing hearing-aids and attending ordinary schools, including (4) newly discovered and provided with hearing-aids**	38	44
3.	**Wearing hearing-aids and attending College of Further Education)** (1 County child)	2	—

Children wearing hearing aids :

	INFANTS	JUNIORS	SECONDARY	TOTAL
Boys	1	6	9	16
Girls	1	9	12	22
TOTAL	2	15	21	38

4.	**Wearing hearing-aids and attending residential special schools because of handicaps other than deafness**	1	3
5.	**Wearing hearing-aids and attending special day school because of handicaps other than deafness** (3 of these are County children)	6	—
6.	**Children with hearing-aids who have left school** (1 County child attending special school)	5	3
7.	**Hearing-aids withdrawn during 1971—no longer required**	7	—
8.	**Number of school children under observation at year end with some degree of hearing loss**	1,021	887

The 1,021 remaining under observation were found to be defective—they are to be kept under observation :

	INFANTS	JUNIORS	SECONDARY	TOTAL
Boys	185	161	158	504
Girls	173	198	146	517
TOTAL	358	359	304	1,021

38 of these 1,021 children were referred to the consultants at the Royal Devon & Exeter Hospital, where there is, unfortunately, considerable delay.

Tonsils and Adenoids Operation	19
On waiting list for other operative treatment	2
Hearing-Aid on trial	2
No further action	4
Not yet seen	8
For further examination	3
	38

SWEEP TESTS

	1971	1970
No. of 5 year olds given sweep test	1,417	1,220
No. of these children who " failed " sweep test	140	122
Further investigation of these 140 children showed :		
Left Exeter and not tested further	7	5
After full audiometric test :		
Hearing within normal limits	43	41
Referred to ear, nose and throat surgeons who advised :—		
Removal of tonsils and adenoids	5	2
No treatment	—	—
Not yet seen	1	2
Remaining under observation	84	74

546 children whose parents had moved into Exeter during 1971 were given sweep tests ; in 25 children the result was unsatisfactory and they are to be kept under observation, 29 children came from private schools ; 3 of these were found to be defective and they are to be kept under observation.

CHILDREN HAVING FULL PURE TONE AUDIOMETRIC TESTS

		1971	1970
(a)	Having " failed " in sweep test (5 year olds)	140	122
(b)	Wearing hearing aids	37	44
*(c)	Referred for other reasons (re-tests, etc.)	2,112	1,809
	Total number of individual children	†2,289	1,975
(d)	Total number of all tests and re-tests	3,343	3,446

* (882 of the 2,112 children were found to be within normal limits of hearing).

† In addition 21 children either failed to attend or left Exeter before the test could be made.

PARTIALLY HEARING CHILDREN—1971

(Observations by Miss M. M. Godsland, Senior Peripatetic Teacher of the Deaf)

This has been a year of routine work. Numbers of school-age* children seen regularly each week has been between 45—50, varying slightly throughout the year. Apart from these, several hundred children have been seen by the Peripatetic Teachers of the Deaf for assessment purposes at home or school or in the Audiology Clinic. Routine home visits have been paid and there has been some increase in work with young people receiving further education.

* Pre-school numbers not included here.

CHILD GUIDANCE SERVICE

(Report of the Medical Director, Dr. Christopher J. Wardle)

Mrs. Whinnom has now become full-time educational psychologist and has taken on the school psychological service for Exeter as well. Mrs. Dyer has joined us as part-time psychiatric social worker, and together with Mrs. Branch, provides social work jointly for the child guidance clinic and the inpatient services at the Dryden Clinic. This sharing of staff provides a very valuable link between the community services and the hospital services, just as the joint appointment of school psychologist and educational psychologist to the child guidance service provides us with valuable liaison between school and clinic.

The pattern of work during 1971 has followed that of the previous two years. We welcome the growing trend for children to be referred younger and before their problems are too well established. Many problems stem from an overall family difficulty and we are trying to see the whole family wherever possible. Fewer children with problems of delinquency are being referred, but far more with family relationship difficulties. Difficulties in family relationships and emotional disturbances in children are those problems we can help most effectively, but it is worth noting by those who refer children, that we can do little without the co-operation and goodwill of the parents. The Social Services Department is better geared for helping the problem family who will often not be willing to co-operate, and even if willing, the material and social situation is so bad that little can be done by individual psychiatric treatment. We feel it important that all those concerned should recognise the need for early referral of certain problems which can be treated easily if seen near their beginning and may become impossible to treat once well established. Among these the most important are :—

(1) The child who is beginning to be anxious about attending school, having odd days off with tummyaches or sickness or headaches, or is actually beginning to become frightened of going to school at all. (We would like to

see these children within a week of the beginning of their condition—extensive treatment can often prevent the establishing of school phobia.)

(2) The child who is beginning to clash with his parents ; often a teenager, beginning to rebel and show off.

(3) The child whose school work is suddenly deteriorating out of the blue. Often this is the first sign of a depressive illness or severe disturbance in family relationships. If nipped in the bud, the child may recover, otherwise the usual course is progressive deterioration, leading to situations from which it is impossible for the child to pull out.

Too often these problems are not referred until the problem is so entrenched that treatment is made difficult or impossible. It is better to see a few cases not in need of treatment than miss some who are. Some children are still being referred without proper consultation with the parents and others concerned ; it is essential that an explanation is given to the parents as to why the referring agent wants them to see a specialist, before the referral is made. It is also important that the family doctor should know of the need for referral, occasionally it will be found that he has already made some arrangements for specialist advice, and in any case it is important that he should be aware of what is going on so that he can play his part in subsequent treatment.

Overall, the picture of the Child Psychiatric Service for this area continues to be a very positive one and we now have out-patient services in three main centres, at Exeter, Barnstaple and Holsworthy, while people in the South and West of the county are served from centres in Torbay and Plymouth. The close integration of the inpatient and outpatient services continues to thrive and the possibility of admitting children with acute emotional disturbances quickly and easily makes our work very much more efficient and successful. We have now established an adolescent unit for young people aged 15-18 associated with the Dryden inpatient unit for children. This unit takes 12 adolescents and is already in full swing. We feel it is important that people working in the community should be aware of this service for adolescents and should realise that the child guidance clinic takes all young people up to the age of 17. There is an evening clinic for working teenagers at the Royal Devon & Exeter Hospital held on the first Thursday of each month from 5.30 p.m. ; appointments are made through the appointments clerk at the Royal Devon & Exeter Hospital (Southernhay). Although we know that there are many young people in the community with grave problems, very few are being referred for help and we believe this may be because people are not aware of the availability of suitable services for them. We think it would be a worthwhile exercise during 1972 to try to ensure that all those in the age group 15-18 are receiving the help they need. Perhaps all those reading this report could play a part in this ?

CHILD GUIDANCE CLINIC

STATISTICAL RETURN FOR 1971

1.	Number of cases on the books on 31st December, 1970			131
2.	Number of cases awaiting investigation on 31st December, 1970			4
3.	Number of cases investigated but awaiting treatment on 31st December, 1970			9
4.	Number of cases referred during 1971			170
	Source of Reference :			
	(a) Juvenile Court and Probation Officers		3	
	(b) School Medical Officers		36	
	(c) Hospitals		10	
	(d) Other Doctors		70	
	(e) Head Teachers		23	
	(f) Parents		13	
	(g) Others		15	
5.	Number of cases re-opened during 1971			4
6.	Number of cases investigated during 1971			146
7.	Number of cases treated for the first time during 1971			107
8.	Total number of children seen during 1971			342
9.	Total number of attendances during 1971			1,682
10.	Total number of cases discharged during 1971			188
	Reason for Discharge :			
	(a) Treatment complete (see below)		131	
	Symptom free	31		
	Much Improved	43		
	Satisfactory	29		
	Improved	22		
	No change	6		
	(b) Diagnosis with advice only		23	
	(c) Unsuitable for treatment		1	
	(d) Defaulted		6	
	(e) Left city		2	
	(f) Other reasons		25	
11.	Number of cases remaining on the books on 31/12/71			117
12.	Number of cases awaiting investigation on 31/12/71			3
13.	Number of cases investigated but awaiting treatment on 31/12/71			16

N.B.—25 cases included in 10 above were closed whilst awaiting or before investigation was completed.

SPEECH THERAPY—1971

(Report by Dr. C. P. Hallett)

The development of services for speech impaired children gained momentum over the past twelve months. The importance of early diagnosis and therapy cannot be over-emphasized and one is often faced by the daunting prospect of having to plan for pre-school children and simultaneously meet the needs of older children with speech disorders who have been " missed ". Added to these two main groups are a third smaller group of pre-school children needing intensive therapy.

A glance at the figures provided leaves one in no doubt as to the size of the problem, nor the amount of time spent in therapy. It was therefore, with satisfaction and relief that Miss Morgan, a new full-time therapist, joined the team.

It seems likely that the need for intensive speech therapy in groups, proving from experience to be so valuable, will require appropriate space planning in the services of the future. It is obviously important to hold preliminary discussions with other services who would like to have similar provision.

It is one of the aims of the speech therapy service to ensure that as many children as possible enter school at five years of age with as normal speech as possible. If the tools of language have not been acquired at the time of school entry, the learning of new skills is placed in jeopardy and the child commences school at a disadvantage. It may well be argued that deviant speech patterns will develop naturally in time even if left well alone. This is however a very superficial argument because one tries, through speech therapy, to provide the child with the necessary tools with which to cope with a more formal learning environment.

The senior speech therapist is therefore, most heartened by the number of early referrals being made to her by hospital consultants, medical officers, general practitioners and health visitors. Speech and language are not of course, isolated from the rest of a child's development and progress. As senior medical officer to Speech Therapy I see many of these children with the senior speech therapist at a monthly clinic in order to determine other possible aetiological factors ; whether physical, emotional or environmental. I am then able to inform colleagues and co-ordinate any action involving different specialities.

During the year the senior speech therapist has given various talks to schools, playgroups, health visitors and doctors. These have been well received and have possibly shown the service in a new and exciting light.

It is to be hoped that as the new child health service develops, parents will obtain more advice from the speech therapist than has hitherto been possible. The time honoured expression when referring to a deviation from normal speech that a child will " grow out of it " will no longer be appropriate now that we

have provided the services to firstly investigate the deviation and then take whatever action is considered advisable.

There has been progress in other areas of development during the past year. Miss Newlove and her colleagues have continued to work with small groups of pre-school speech and language impaired children at child health clinics. These services have proved extremely valuable not only from the child's point of view but also the mother's, and most useful working relationships have resulted.

For the child with a more serious communication disorder, a unit was established during the year at Beacon Heath Infants' School. This was, of course, the successor to the Devon County Unit at the Royal West of England School for the Deaf. The new unit is a shared Exeter City/Devon County one and the children attending it do so either on a part-time or full-time basis. Integration with the normal children in Beacon Heath Infants' School is a most important aspect of these language disordered children's education and I am glad to be able to report that this principle was fully endorsed at a meeting in the Education Department late in the year.

Most of these children are being seen regularly by workers from different disciplines. It seemed important, therefore, that regular interdepartmental meetings be held to discuss the children and their progress, and to co-ordinate the action. I, therefore, established a panel for children with communication disorders, at which the medical officer, senior speech therapist, educational psychologist, specialist health visitor and senior peripatetic teacher of the deaf met to plan and organise the service for a child. This panel has proved to be most useful despite clerical difficulties.

The names of children, who our panel consider would be suitably placed in the special unit for children with communication disorders, are submitted to a joint Exeter/Devon County Selection Panel meeting once a term. This joint meeting is very useful in that it gives both Dr. Brimblecombe and Mr. Bradbeer, our consultant colleagues, an opportunity of seeing at work the unit they have so enthusiastically supported from the start and enables us to see problems beyond the Exeter boundary. One may not in these days confine one's thoughts to purely local problems because one is providing services for small numbers of very handicapped children and these services become more viable when one observes the need our neighbours have, as well as our own.

I hope that during the next year we shall see definite proposals being made for the new siting of the speech therapy services. In an ideal situation, the school health and educational services including speech, audiology and educational psychology should be housed in the same administrative and clinical block and the same facilities need to be part owned by our consultant paediatric colleagues from the hospital service. These matters will require very careful consideration, if the quality of the

services at present provided are to remain as high as I believe them to be in Exeter.

All in all this has been a most interesting year for me. I am most grateful to the senior speech therapist and her colleagues for easing my path through a most complicated field.

SPEECH THERAPY

(Report by Miss C. A. Newlove, L.C.S.T., Senior Speech Therapist)

During 1971 the demand for speech therapy has remained high. We were therefore pleased to welcome Miss R. C. Morgan as a new full-time member of staff in September. This has enabled more time to be given where it is most needed. At the end of the year sessions were allocated each week during term-time as follows :—

Clinics :	Bull Meadow	8
	St. Thomas Health Centre	3
	Burnthouse Lane	1
	Whipton	2
Special Schools :	Southbrook	4
	Ellen Tinkham House	3
	Vranch House	2
Infants' Schools :	Special Units	3
Chestnut Avenue Nursery School		4
Meetings, Visits, Administration		2
		37 sessions

These arrangements must to some extent remain flexible, as the therapists are prepared to go where their services can be best utilised at any given time.

This year Ellen Tinkham School came into the School Health Service and Mrs. M. Rees makes the following report of speech therapy in this school.

The service provides Ellen Tinkham School with three speech therapy sessions. 40 children receive regular treatment, 4 under surveillance ; parents are seen for advice and help individually at least once a year, as well as general meetings at Open Days, evening meetings, etc. Not all children are seen each week, as the time available does not allow for this. Priority is given to children in the infant and nursery classes ; these children are seen weekly. Treatment is usually given to groups of 4-6 children, except in a few exceptional cases where individual attention is necessary, mostly before a child is ready for group participation. There are other children, higher up the school who would greatly benefit from individual attention ; these are mostly children who missed out on early therapy and have articulation defects.

During the last year we have issued a Speech and Language Development Programme to most parents and all teachers ; the aim of this programme is to ensure that the children are being helped in the same way from the 3 sources, namely, parents—teachers—speech therapist—instead of in 3 different ways, which was often the case due to lack of integration. This system is already showing the desired results, i.e. a degree of teamwork—involvement in constructive work by parents and family, and a decided improvement in the language attainment of the children—especially among the infants.

A great problem continues to exist at Bradley Rowe Infants' School. At the end of the year 53 children with communication difficulties were attending this school. Of these 22 were considered by Mrs. Curle, speech therapist, to have moderate to severe difficulties. At present 2 sessions a week are allocated to this school. The interest and enthusiasm of the staff make it possible for the therapist to attempt a formidable task.

It was decided because of the high incidence of speech difficulties in Bradley Rowe Infants' School and the small numbers of pre-school children who attend speech therapy from this area, to arrange a session at Burnthouse Lane clinic for pre-school-aged children. This will take several months to become established but it is hoped that some of the many communication handicapped children in this area may benefit from such a local centre. So far attendances at the group have been erratic, in spite of its convenience.

In September the Unit for children with communication difficulties moved to Beacon Heath Infants' School. 10 of the 11 children placed in this Unit require speech therapy and they all have severe difficulties. The number is greater than anticipated in my report of last year as many of these children attend on a part-time basis.

Number of children on the register on 1.1.71	288
Number of children admitted during the year	209
Number of children discharged during the year	207
Number of children remaining on the register on 31.12.71 :	290
Number of children on the waiting list on 31.12.71	28
Number of speech therapy sessions during the year	1,390

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1971

(Alvin Pryor, L.D.S., R.C.S., F.R.S.H.)

Another year has gone by, and the City's School Dental Service has carried on its good work. Output has been increased, there have been some changes in the staff, and some additional commitments have been taken on.

Mr. R. W. Slee, dental officer, resigned his full-time appointment with the Authority at the end of April. Mr. Slee had been here for some three-and-one-half years, proving himself a very energetic and capable member of the staff. While with us, he passed the Primary Fellowship Examination in Dental Surgery

of the Royal College of Surgeons of England, a considerable feat. Mr. Slee is required to hold a hospital appointment of approved type for a certain period before he can sit for the Final Examination for the Fellowship. Having obtained such an appointment locally, Mr. Slee has been able to do sessional work for us, two sessions per week, for six months from May to December. This arrangement is now terminated.

The vacancy caused by Mr. Slee's resignation was filled, as from 1st September, by Mr. Walter A. Steiner, B.D.S. Mr. Steiner has come to us from National Health Service practice, in which he has had many years' experience. He is settling down well in his new environment and is proving a very capable and pleasant colleague.

Pressure of work, of long standing, resulted in the appointment of Mrs. H. A. Page as part-time clerical assistant in the office at Southernhay in April. Mrs. Page is proving a valuable addition to the staff, being able clerically and also having had experience as a dental surgery assistant in the past, dental technicalities thus being familiar to her.

A further change occurred at the end of August, when Mrs. J. I. Price resigned her appointment as dental surgery assistant for personal reasons. Mrs. Price had been with us for some three-and-one-half years, and was a first-class dental surgery assistant whom we were all very sorry to lose.

We appointed Mrs. M. Sanders as dental surgery assistant at St. Thomas Health Centre, starting at the beginning of September, and she is settling in really well. The former dental surgery assistant at St. Thomas, Miss D. G. Freeman, was transferred to the Southernhay Clinic to replace Mrs. Price.

I attended the Annual Conference of the British Dental Association in June, at Eastbourne, and two Chief Dental Officers' meetings at Winchester during the year. The Exeter College of Further Education continued its courses of evening classes for the Certificate of the British Dental Surgery Assistants' Association. I continued to act as a member of the organising committee and as an examiner in the practical test examinations. I also continued membership of the Local Dental Committee and of the Executive Council (N.H.S.) for Devon, Exeter and Torbay.

Anaesthetics

Dr. N. G. P. Butler, our consultant anaesthetist, attended each week throughout the year. Dr. Butler continues to use the very safe 20% oxygen to 80% nitrous oxide technique which he was one of the very first anaesthetists in the country to adopt. The patient breathes the equivalent of atmospheric oxygen from start to finish of the anaesthetic. Safety is thus at a high level, and safety is also the watchword in all our clinics. All clinics in which general anaesthetics are administered are equipped with modern dental chairs in which patients can be placed routinely in the supine position, to avoid cerebral anoxia and consequent

cerebral damage. We have power operated suction apparatus for use in emergency, with foot-operated duplicates in case of electrical power failure. Electronic pulse-monitors are also kept ready for use during anaesthesia and emergency oxygen supplies are also readily to hand.

Mr. R. B. Mycock, dental officer, is a skilled anaesthetist who continued his general anaesthetic sessions through the year, held each week at both the Whipton and St. Thomas Clinics. The other dental officers administer general anaesthetics for each other as circumstances require.

We are proud of our complete coverage for the relief of pain thus provided. No patient has to wait for more than a few hours, at most, for an anaesthetic, and this only if he or she has eaten recently. Most emergency patients are " fitted-in ", with only a brief wait, between our regular appointments. We have thus a great advantage over the general dental practitioner, who so often is working single-handed. We treat a considerable proportion of emergency extractions referred by dentists in the General Dental Service who are unable or unwilling to treat these cases. Holiday-makers, too, help to swell the lists, as well as occasional patients attending Devon County Council Schools who live in areas remote from County Dental Clinics.

Orthodontics

These cases, consisting of children of all ages requiring treatment for misplaced teeth which mar the appearance, interfere with speech, or prevent efficient mastication, were for the most part diagnosed and treated by the dental officers themselves. The few really " knotty problems " were seen from time to time by a consultant orthodontist from the Regional Hospital Board, who gives us the benefit of his experience.

The dental clinic at the St. Thomas Health Centre, now two years old, has proved very successful under the care of Mr. T. N. Praat, dental officer. I operate the Countess Wear Clinic in Glasshouse Lane three sessions per week. This dental clinic, now some 5½ years old, serves a useful purpose in catering for this outlying district and even more so for the Topsham schools.

School Inspections

We inspected the maintained schools in the City during the year, and also St. Margaret's School for Girls (private school). We were also requested to inspect the Mount St. Mary School for Girls, a Catholic private school—this was done toward the end of the year. Mr. R. B. Mycock has taken on the routine inspection and treatment of a small Devon County Council unit, Brookhayes Reception Home, Pilton Lane, Pinhoe. This has only a few children at any one time, mostly " in transit ", average stay in the Home being only a week or two.

We continued to make available surgery facilities, at the Southernhay Clinic, to Regional Dental Officers of the Department of Health and Social Security for their examination of

National Health Service dental patients. These facilities were used on several occasions during the year and were much appreciated by the R.D.Os. These facilities are unobtainable elsewhere in the City. We feel this constitutes a useful liaison with the National Health Service, especially nowadays with an eye to possible integration of the School Dental Service with the National Health Service.

My annual, and personal, remarks on the state of the teeth of Exeter's children remain as before. There **is** less to do, on average, for each child per course of treatment. The improvement is not dramatic, but, over the ten years that I have been here, it is steady, increasing and obvious. This is all the more surprising when one takes into account (and constantly sees ;) the continual consumption of sweets and biscuits, not at all helped by high-powered advertising of these destructive commodities in the Press and on T.V.

There seems little prospect of our being helped, in our constant war on dental decay, by the fluoridation of Exeter's water supply. This well-proven, economical and safe method of combating tooth decay in children, is approved by all recognised world health authorities both medical and dental, including British Governments of all shades of political opinion. But Exeter continues to set its face against this measure. A great pity, this, when enlightened local authorities in other parts of Britain have been successfully and safely fluoridating their domestic water supplies for some years now.

NOCTURNAL ENURESIS
(Bed Wetting)

New Cases (169, all ages)

During the year 141 " new cases " of nocturnal enuresis (79 boys—62 girls) were noted by the school doctors among children examined at the periodic medical examination at school entry. Additionally 14 new cases (10 boys—4 girls) were found among 2,260 of various ages re-examined and 14 (11 boys—3 girls) among 885 of various ages having special examinations.

NEW CASES

Frequency of Bedwetting	Every night	Two or Three times a week	Once a week	Occasional	Total
Girls	32	10	5	22	69
Boys	39	23	9	29	100

NEW CASES — FAMILY SIZE

Size of Family	No. of Families	Sex of children concerned	
		Girls	Boys
Only child	12	6	6
One of two children	59	22	37
One of three children	55	24	31
One of four children	26	10	16
One of five or more children	17	7	10
TOTAL	169	69	100

Family History

In only 7 children (3 girls—4 boys) was there a history of bed-wetting recorded in near relatives.

Speech Defect

Five (4 boys—1 girl) were having treatment from the speech therapist.

Other Defects

Seven (3 boys—4 girls) had vision defects ; 6 (4 boys—2 girls) had hearing defects ; 6 (2 girls—4 boys) had other various defects, and 1 girl had a urinary infection.

Treatment with the Electric Alarms during 1971

Cases were selected on the same general lines as described in previous reports.

96 children (66 boys—30 girls) were recommended an alarm, 50 by school medical officers, 27 by their family doctors, 1 by the child guidance clinic, 5 by health visitors and 13 at the request of their parents.

59 children were issued with an alarm during 1971. 8 were still using it at the year end ; an alarm was not issued to 37 children for the following reasons : 15 were still on the waiting list, 12 were considered after further assessment not to be suitable to have an alarm, 10 failed to keep two appointments to collect the alarm.

The result of treatment with the alarm of the 51 children is set out below :—

	Dry				No Improvement				Not yet due for Review		Total
	Boys		Girls		Boys		Girls				
	New cases	Old cases	New cases	Old cases	New cases	Old cases	New cases	Old cases	Boys	Girls	
Results on return of the Alarm	22	3	8	3	11	1	1	2	—	—	51
Further reports on the above children :— Results after School Nurse's 1-monthly visit	16	1	6	—	14	3	1	4	3	3	51
Results after School Nurse's 6-monthly visit	10	—	4	—	12	1	—	4	14	6	51

OBESITY CLINIC

The obesity clinic continued to be held three or four times a month during the year. There is now a waiting list of children referred to the clinic, though it is usual to be able to give them an appointment within six or eight weeks of referral. Unless the child and her family are motivated to lose weight or their attitude can be changed to a positive motivation, the chances of success are considerably reduced. However, in spite of this, the number of children who fail to continue to attend is small in proportion to the total number and I am afraid must be accepted. The number of children discharged gives a rather restricted view on the number successfully treated, as no child is discharged without a prolonged follow-up to ensure that the weight loss is being maintained.

The age groups of the 162 new cases attending were :—

Age	Boys	Girls
Age 6- 8 years	7	8
,, 9-11 ,,	17	38
,, 12-16 ,,	40	52
Total	64	98

48 children were discharged during the year—18 as having satisfactorily completed their treatment, 29 for failing to keep their appointments and 1 left school.

SCHOOL CLINICS

The Eastern Clinic (Burnthouse Lane) was open every school morning (except Thursday) as a minor ailment clinic with a school nurse, but no doctor, in attendance. The Central Clinic was open every Thursday throughout the year, mainly as a clinic for consultation with a school doctor ; a considerable number of special cases including enuretic children, fitness for employment

cases and prospective student teachers attend, generally by appointment (they are not included in the table below). Owing to the shortage of medical staff, the Whipton Clinic was closed.

The location of the school clinics and the attendances were as follows :—

	Minor Ailments— Attendances		
	1969	1970	1971
Central Clinic, 1a Southernhay West	468	393	555
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	1,559	1,472	858
Whipton Health Clinic	142	45	—
TOTALS	2,169	1,909	1,413

TABLE SHOWING THE INCIDENCE OF MINOR AILMENTS TREATED DURING 1971 IN CLINICS

DEFECT	*Central Clinic	Eastern Clinic	GRAND TOTAL 1971	GRAND TOTAL 1970
Scabies	—	5	5	1
Ringworm : Scalp	—	—	—	—
Body	—	—	—	—
Eye defects (not visual)	1	30	31	39
Ear defects (including wax, otorrhoea, etc.)	—	20	20	15
Nose and throat defects	—	28	28	7
Impetigo	—	7	7	12
Warts : Plantar	325	69	394	293
Other	8	20	28	40
Other skin conditions	1	106	107	99
Minor injuries	1	106	107	128
Miscellaneous	2	119	121	178
Total No. of individual children	338	510	848	812
Total No. of attendances	555	858	1,413	1,909
Total No. of sessions	50	156	206	244

* At this clinic many cases are seen as consultation cases, not included here.

When a child has been treated at the one time for more than one defect or disorder the more important has been listed.

INFECTIOUS DISEASE

INFECTIOUS DISEASES

Incidence (notifications) of certain infectious diseases, other than tuberculosis, in 1971 in children (Exeter residents) 5-15 years of age is shown in the table below. There were no notified cases of diphtheria, tetanus, acute meningitis, acute encephalitis, poliomyelitis, typhoid and paratyphoid fevers.

Disease (Corrected for change of diagnosis)	Boys	Girls
Measles	39	31
Whooping Cough	5	3
Scarlet Fever	14	4
Dysentery	2	2
Infective Jaundice	4	7
Food Poisoning	4	—
Rubella	3	2
Gastro-enteritis (informal notifications)	1	—

TUBERCULOSIS

(Report by Dr. G. E. Adkins, Consultant Chest Physician)

It is gratifying to be able to report that from the tuberculosis angle, 1971 was almost a negative year for the school children. There were no new notifications, no deaths and no transfers in or out. However, 2 boys, both respiratory cases, attained school age ; this means that after removing the names of the children who have reached " adult age " only the names of 4 boys and 4 girls remain on the Tuberculosis Register at the end of 1971.

TYPHOID VACCINATION

Typhoid vaccination was offered, subject to parental consent, to parties of school children attending the Council's maintained schools, who were going abroad in school organised parties.

In the seven schools concerned, 261 children were given protection.

CHOLERA VACCINATION

With cholera cases occurring in a few Mediterranean countries, school children from the city schools going on an educational cruise in the Mediterranean had to have cholera vaccination.

This was done by one of our medical officers and 152 children were given protection.

MEASLES VACCINATION, 1971

During the year 128 children of school age (i.e. 5 to 15 years of age) were vaccinated against measles.

Measles vaccination is now offered to children after their first birthday.

RUBELLA (GERMAN MEASLES) VACCINATION, 1971

In accordance with Department of Health and Social Security Circular 11/70, vaccination against rubella was offered to girls aged 12 and 13 years (i.e. those in their 13th and 14th years).

By the end of the year 1,044 girls had received protection.

1971 TUBERCULIN TESTING/B.C.G. VACCINATION

Parental consent was received in respect of 1,328 (87.7%) of the 1,515 thirteen-year-old children in maintained and independent schools in the city eligible for the tests. Of these, 1,286 (96.8%) were tuberculin tested.

120 children showed positive reactions :—

Grade I	....	69
Grade II	....	31
Grade III	....	19
Grade IV	....	1

Grades I and II are now regarded as being non-specific reactions and are recorded as negative. These children are given B.C.G. vaccination if considered necessary (e.g. B.C.G. not given previously).

Thus we had 1,266 children whom we regarded as negative reactors ; of these, 100 are shown above as Grades I and II. 51 children had sometime previously had B.C.G. vaccination.

20 children had strong positive reactions (Grades III and IV), of whom 12 had had B.C.G. previously ; all 20 children are being referred to the chest physician for chest x-ray and medical examination (in 1972).

A total of 1,184 children were given B.C.G. vaccination.

SMALLPOX VACCINATION

VACCINATION STATE AS NOTED DURING SCHOOL ENTRANTS' MEDICAL EXAMINATION IN 1971

Year of Birth	Vaccinated	Not Vaccinated	Not Known	Total
1967 and later	32	3	9	44
1966 ,, ,,	371	82	69	522
1965 ,, ,,	602	139	116	857
Grand Total	1,005	224	194	1,423

Vaccination is recorded by the school nurses from information given to them by the parents. 71% of the school entrants examined by complete periodic medical examinations during the year were stated to have been vaccinated.

SCABIES

Twelve cases of scabies affecting 8 families were reported during the year.

MISCELLANEOUS

SCHOOL ACCIDENTS

186 accidents to children in school (100 boys ; 86 girls) have been reported this year. This represents about 13 accidents for every 1,000 pupils attending the city's schools.

A. Secondary Schools

89 accidents were reported in secondary schools (56 boys ; 33 girls), representing 18 accidents for every 1,000 pupils.

Brackets shew figures in 1970.

Place of Accident	Number of Accidents		
During physical exercises	20	(9)	Using apparatus 12 :—buck or box 6, trampette 1, climbing apparatus 5.
In playground during free play	22	(14)	
During organised games	19	(19)	Athletics 2, hockey 2, shinty 2, rugby 5, football 6, netball 1, badminton 1.
In classroom	13	(11)	Science 4, woodwork 4, metal-work 1.
In passage to and from class	9	(11)	
Swimming	2	(1)	
Other	4	(—)	

B. Junior Schools

58 accidents (23 boys ; 35 girls) were reported, representing 12 accidents per 1,000 pupils.

Place of Accident	Number of Accidents		
During physical exercises	13	(10)	Using apparatus 10 :—buck 2, climbing apparatus 8.
In playground during free play	27	(38)	
During organised games	5	(4)	Netball 2, football 1, rounders 1, shinty 1.
In classroom	7	(4)	
In passage to and from class	5	(9)	
Other	1	(1)	

C. Infant Schools

39 accidents were reported in infants' schools (21 boys ; 18 girls) representing 11 accidents for every 1,000 pupils.

Place of Accident	Number of Accidents		
During physical exercises	7	(1)	Using climbing apparatus 7.
In playground during free play	18	(19)	
In classroom	5	(2)	
In passage to and from classroom	8	(4)	
Other	1	(—)	

D. All Schools

Injuries Sustained	Number of Accidents	
Wounds	83	(50)
Fractures	43	(40)
Bruising	17	(22)
Sprains	14	(23)
Eye Injury	6	(2)
Scald or burn	1	(3)
Tooth injury	7	(3)
Dislocation	1	(—)
Concussion	10	(11)
Other	4	(5)
Mechanism of Accidents		
Fall on level	50	(56)
Fall from height	41	(29)
Hit by flying object	24	(9)
Collision with other child	20	(22)
Collision with object or structure	20	(18)
Cut by sharp instrument	19	(4)
Crushes	8	(4)
Burn or scald	1	(9)
Others	3	(5)
Accidents according to term :		
Spring Term	57	(72)
Summer Term	58	(39)
Autumn Term	71	(48)

HEALTH EDUCATION

(Observations by Health Education Officer, Miss E. H. Robertson, S.R.N., S.C.M., R.N.T.)

The scope of health education in schools continues to widen, covering topics of current importance in this sphere and, like the ripples on a pond, reaching ever extending numbers of the young people in schools.

The campaign system by which a particular topic is offered to one particular target group throughout the city seems to be proving effective—it has been frequently remarked by members of school teaching staff that health topics presented in this way become of more importance in the pupils' estimation than when included as part of the schools' own teaching programme. This year talk topics offered to both local authority and independent schools have included :—

The Seven Rules of Health—presented to children leaving the junior schools, with the discussion of aspects of health education of particular importance to them, and for which they are starting to be responsible.

Smoking and Health—this has taken the form of a general campaign for children in the 11-12-year age group when many

are experimenting with smoking and as yet few have adopted the practice. Talks are also given to senior pupils—though at this stage it does seem rather late to change a habit which may be already established.

Venereal Diseases—these have been discussed with senior girls and boys ; it is felt these talks supply a real need in view of the increased incidence of sexually transmitted infections associated with greater permissiveness in this respect.

Drugs of Addiction—the advisability of talks on this subject is still a matter of conjecture by some authorities, who fear that this could lead to the type of interest which could in some cases engender actual experimentation.

Direct Resuscitation—instruction has been provided, but requests have been fewer this year, which is a pity, as this knowledge is of such vital value to all.

Health Education courses for all pupils in their first year at St. James Secondary Modern Girls' School and Priory School.

Courses in health education and personal relationships—these continue in all secondary modern girls' schools for pupils in their final year.

Child Care course in preparation for the Maternity and Child Welfare Association Certificate is being provided for both St. Thomas' and Priory Schools by two Health Visitors working in conjunction with a member of the school staff. These new courses are proving both interesting and valuable for the pupils attending them and testify to good co-operation between this department and our colleagues in the educational field.

Talks have been given both to Parent Teacher Associations and also to pupils in a wide cross-section of schools in the city on any health topic requested, including Home Safety. This aspect of a " supply on demand " health education service is tending to increase and is most rewarding as it is meeting an expressed need for health education in schools.

Smoking trends in the school population seem to be decreasing steadily but nutrition remains a serious problem, for example breakfast is frequently inadequate or totally absent—thus two fourteen-year-old girls stated recently they ate nothing before dinner at 1 o'clock or after their tea at 4.30—thus fasting for approximately 20 hours each day.

Visual aid material, mainly in the form of posters, has been sent to all schools in the city as relevant to publicity campaigns—these have included among others, smoking and health, firework safety, noise, anti-litter and water safety. A variety of health educational audio-visual and other teaching aids have been sent to schools on request.

The Health Education Officer wishes once more to thank all her colleagues in the health department, particularly Dr. Hallett, who has given a number of talks concerning drugs of addiction and smoking and health in some of the schools, and also the

Education department for their continued and unfailing support and co-operation, without which indeed health education could barely remain viable. This increasing awareness of its value and participation in health education is a major factor in its expansion and we can anticipate the time when it will be recognised as a vital factor in the educational sphere.

EXETER EDUCATION COMMITTEE
SCHOOL MEALS AND MILK REPORT, 1971

The increase in the school meals charge which became effective on April 27th, appeared to cause a slight decrease in the proportion of children taking meals. The charge increased to 12p, an increase of 3p, and a more generous free meal scale was introduced.

The statistical return required by the Department of Education and Science, shown below, gives the number of children taking milk and meals on selected dates during the last three years.

	Milk		Meals		
Date	Number of Children taking free Milk	Percentage	Number of children taking Meals	Number of children taking Free Meals	Percentage
23.9.71	†3,548	96.25	7,634	2,030	55.03
24.9.70	*7,554	94.90	7,986	1,429	58.62
25.9.69	*7,131	92.84	8,003	1,136	60.37

† Infants plus Juniors entitled on medical grounds.
* Infants and Juniors only.

During the major holidays, meals were provided for children eligible to have free meals. The attendance was as follows :—

Holiday	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	1,881	290	15.42
Summer	2,370	312	13.16
Christmas	2,370	277	11.68

MOVEMENT OF SCHOOL CHILDREN IN AND OUT OF OUR SCHOOLS DURING 1971

The statistics show that the overall movement of school children in and out of the city schools during the year was 1,079 (622 inward transfers and 457 outward transfers), representing nearly 8% of the total school population. At the year end, we still had the medical records of 245 children from 180 families who had moved away from the city and we were still waiting for the records of 137 children from 74 families who had moved into the city's schools.

NUMBER OF MEDICAL RECORDS TRANSFERRED TO OTHER AUTHORITIES

Set out according to the number of Children in the Family who previously attended Exeter Education Committee Schools

Month	Size and Number of Families				Number of Children Involved	
	One Child	Two	Three	Four or more	Records sent	Not sent
Jan.	24	4	1	—	22	13
Feb.	19	5	2	—	15	20
March	36	6	—	1	10	42
April	11	3	—	—	15	2
May	25	5	3	1	29	19
June	18	12	3	—	17	34
July	61	12	3	—	89	5
Aug.	—	—	—	—	—	—
Sept.	30	10	3	—	3	56
Oct.	8	5	—	—	1	17
Nov.	10	4	—	—	5	13
Dec.	15	3	3	—	6	24
Total	257	69	18	2	212	245
	346				457	

NUMBER OF MEDICAL RECORDS RECEIVED FROM OTHER AUTHORITIES

Set out according to the number of Children in the Family who were admitted to Exeter Education Committee Schools

Month	Size and Number of Families				Number of Children Involved	
	One Child	Two	Three	Four	Records Received	Not Received
Jan.	45	9	—	—	55	8
Feb.	16	9	1	—	30	7
March	13	11	8	—	45	14
April	12	5	5	—	26	11
May	11	2	1	—	12	6
June	26	9	5	1	49	14
July	37	3	3	—	46	6
Aug.	—	—	—	—	—	—
Sept.	73	32	7	1	131	31
Oct.	19	10	4	—	34	17
Nov.	41	7	4	—	53	14
Dec.	4	3	1	—	4	9
Total	297	100	39	2	485	137
	438				622	

DEATHS

I regret to have to report the deaths during 1971 of 2 Exeter school children : 1 (boy) by drowning and 1 (girl) in a motor accident.

Financial Year ended 31st March, 1971

(The City Treasurer has kindly supplied me with the following figures) :

(a)	Total cost of School Medical and Dental Services	£71,456
(b)	Cost in terms of penny rate	1·27p
(c)	Cost per child to the Exeter Education Committee (based on a school population of 13,948)	5·12

RETURNS TO THE DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1971

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1972 :

(i)	Form 7 Schools	13,849
(ii)	Form 7M	252
(iii)	Form 11 Schools....	45
	TOTAL	14,146

PART I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

AGE GROUPS INSPECTED (By year of birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination
		Satisfactory	Unsatisfactory	
		Number	Number	
(1)	(2)	(3)	(4)	(5)
1967 and later	44	44	—	—
1966	523	523	—	2
1965	854	854	—	3
1964	—	—	—	4
1963	—	—	—	3
1962	—	—	—	—
1961	—	—	—	1
1960	—	—	—	2
1959	—	—	—	1
1958	360	360	—	—
1957	635	635	—	—
1956 and earlier	97	97	—	1
TOTAL	2,513	2,513	NIL	17

Table A—PERIODIC MEDICAL INSPECTIONS

—continued

Age Groups Inspected (By year of birth)	Pupils found to Require Treatment (excluding dental disease and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(6)	(7)	(8)
1967 and later	1	7	5
1966	7	35	32
1965	19	52	62
1958	9	16	24
1957	32	53	69
1956 and earlier ...	3	2	5
Total	71	165	197

Table B—OTHER INSPECTIONS

Notes : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections	885
Number of re-inspections	2,260
Total	3,145

Table C—INFESTATION WITH VERMIN

Notes : All cases of infestation, however slight, should be included in Table C

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	16,970
(b)	Total number of individual pupils found to be infested	379
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil.
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

PART II.

Defects found by Periodic and Special Medical Inspections during the Year

Defect Code No.	Defect or Disease	Periodic Inspections								Spec. Insp.	
		Entrants		Leavers		Others		Total			
		T.	O.	T.	O.	T.	O.	T.	O.	T.	O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	7	54	5	19	4	10	16	83	14	20
5	Eyes: (a) Vision	27	89	29	21	15	16	71	126	91	45
	(b) Squint	23	22	2	1	3	2	28	25	6	8
	(c) Other	—	6	—	1	—	2	—	9	1	4
6	Ears: (a) Hearing	4	105	7	9	5	18	16	132	32	26
	(b) Otitis Media	3	75	—	5	—	6	3	86	1	12
	(c) Other	2	8	2	—	—	—	4	8	2	1
7	Nose and Throat	7	150	1	25	3	6	11	181	7	38
8	Speech	15	61	2	3	1	6	18	70	20	6
9	Lymphatic Glands	—	7	—	—	—	5	—	12	—	3
10	Heart	3	15	3	1	—	3	6	19	1	10
11	Lungs	2	59	—	4	1	12	3	75	2	15
12	Developmental:										
	(a) Hernia	3	5	—	—	—	2	3	7	1	1
	(b) Other	3	67	—	1	9	18	12	86	10	15
13	Orthopaedic:										
	(a) Posture	1	12	3	34	1	7	5	53	—	22
	(b) Feet	4	46	—	20	3	13	7	79	4	31
	(c) Other	2	28	2	7	3	9	7	44	1	16
14	Nervous System:										
	(a) Epilepsy	—	7	—	2	—	1	—	10	1	4
	(b) Other	—	7	—	—	—	—	—	7	1	5
15	Psychological:										
	(a) Development	3	68	—	8	5	4	8	80	40	25
	(b) Stability	1	53	—	14	3	3	4	70	13	30
16	Abdomen	—	5	1	2	—	3	1	10	3	6
17	Other	11	113	2	16	—	9	13	138	4	22

T means requiring Treatment. O means requiring Observation.

PART III.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	56
Errors of refraction (including squint)	626
TOTAL	682
Number of pupils for whom spectacles were prescribed	174

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	21
(b) for adenoids and chronic tonsillitis	154
(c) for other nose and throat conditions	8
Received other forms of treatment	117
TOTAL	300
Total number of pupils still on the register of schools at 31st December, 1971, known to have been provided with hearing aids :	
(a) during the calendar year 1971	4
(b) in previous years	38

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	131
(b) Pupils treated at school for postural defects	2
TOTAL	133

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)

	Number of cases known to have been treated
Ringworm : (i) Scalp	—
(ii) Body	1
Scabies	12
Impetigo	31
Other skin diseases	547
TOTAL	591

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	196

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	497

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	228
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,184
TOTAL (a)—(d)	1,412

SCREENING TESTS OF VISION AND HEARING

Where boxes are provided for the answers please place ticks in the appropriate box or enter the ages, where requested, in Arabic numerals).

1 (a) Is the vision of entrants tested as a routine within their first year at school ? ....

YES	NO
✓	

(b) If not, at what age is the first routine test carried out ? ....

2 At what age(s) is vision testing repeated during a child's school life ?

6	7	8	9	10	11	12	13	14	15	16
	✓			✓		✓	✓	✓	✓	

3 (a) Is colour vision testing undertaken ? ....

YES	NO
✓	

(b) If so, at what age ? .... 10 years.

(c) Are both boys and girls tested ? ....

BOYS	GIRLS
✓	—

4 (a) By whom is vision testing carried out ? School Nurses

(b) By whom is colour vision testing carried out ? Ishihara screening by School Nurses ; " failures " tested by School Medical Officer using Giles Archer Lantern.

5 (a) Is routine audiometric testing of entrants carried out within their first year at school ? ....

YES	NO
✓	

(b) If not, at what age is the first routine audiometric test carried out ? ....

(c) By whom is audiometric testing carried out ? Audiometricians.

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Inspections

(a) First inspection at school—Number of pupils	10,863
(b) First inspection at clinic—Number of pupils	1,335
(c) Pupils re-inspected at school or clinic	1,843
TOTALS	14,041

Visits	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 & over*	*Total*
First visit	1,593	1,657	369	3,619
Subsequent visits	1,102	2,561	687	4,350
Total visits	2,695	4,218	1,056	7,969

Courses of Treatment				
Additional courses commenced	313	346	96	755
Total courses commenced	1,906	2,003	465	4,374
Courses completed	—	—	—	3,819

Treatment				
Fillings in permanent teeth	554	3,264	1,136	4,954
Fillings in deciduous teeth	812	197	—	1,009
Permanent teeth filled	453	2,749	993	4,195
Deciduous teeth filled	727	179	—	906
Permanent teeth extracted	154	582	111	847
Deciduous teeth extracted	1,936	657	—	2,593
Number of general anaesthetics	969	556	67	1,592
Number of emergencies	259	150	25	434
Number of pupils x-rayed				185
Prophylaxis				483
Teeth otherwise conserved				1,093
Teeth root filled				12
Inlays				—
Crowns				9

Orthodontics	
New cases commenced during the year	24
Cases completed during the year	33
Cases discontinued during the year	4
Number of removable appliances fitted	45
Number of fixed appliances fitted	—
Number of pupils referred to Hospital Consultants	36

Dentures	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 & over*	*Total*
Number of pupils fitted with dentures for the first time :—				
(a) with full denture	NIL	1	NIL	1
(b) with other dentures	1	8	3	12
Total	1	9	3	13
Number of dentures supplied (first or subsequent time)	1	10	4	15

Anaesthetics

Number of general anaesthetics administered by Dental Officers	1,109

Sessions

Dental Officers (including P.S.D.O.)	1,656
Dental Auxiliaries	NIL
Dental Hygienists	NIL
TOTAL	1,656